# GROUP HEALTH INSURANCE POLICY

## POLICY WORDINGS

This is *Your* Group Health Insurance Policy, which has been issued by us, relying on the Information disclosed by you in *Your* Proposal for this *Policy* or its preceding *Policy/Policies* of which this is a *Renewal*. The terms set out in this Policy and its Schedule will be the basis for any claim or benefit under this *Policy*.

### Section 1 - General Definitions

In the document, following words are assigned specific meaning. Wherever the context permits, the singular will be deemed to include the plural, one gender shall be deemed to include the other genders and references to any statute shall be deemed to refer to any replacement or amendment of that statute.

**1.1** **Accident** or **Accidental -** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

**1.2** **Age** or **Aged –** means completed age in years as at the Commencement Date.

**1.3** **Adventure Sports** – means those sports / activities which involves speed, height, a high level of physical exertion and high degree of inherent danger. Such sports are racing on wheels or horseback, power boat racing, ski racing, hunting or equestrian activities, big game hunting, rock climbing/trekking/mountaineering, winter sports, Skydiving, Parachuting, paragliding/parapenting, Scuba Diving, ski doo riding, cavin/pot holing, bungee jumping, hell skiing, ski acrobatics, ski jumping, water ski jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting, black water rafting, yachting or boating outside coastal waters, canoeing involving rapid waters, micro-lighting, motor rallying, piloting aircraft, power lifting, quad biking, river boarding, river bugging, rodeo, roller hockey.

**1.4** **Ambulance** – means a motor vehicle operated by a licenced/authorised service provider and equipped for taking sick or injured people requiring medical attention to and from *Hospital* in emergencies.

**1.5** **Any one Illness -** means continuous period of *Illness* and includes relapse within 45 days from the date of last consultation with the *Hospital*/Nursing Home where treatment was taken.

**1.6** **Authority** - means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999).

**1.7** **Ayush Treatment** - means the medical and / or hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.

**1.8** **Bank Rate** - means "Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due".

**1.9** **Cashless Facility -** means a facility extended by the *Insurer* to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the *Network Provider* by the *Insurer* to the extent pre-authorization is approved.

**1.10** **Complaint or Grievance -** means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a *Complainant* with *Insurer*, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such *Insurer*, distribution channels, intermediaries, insurance intermediaries or other regulated entities.

**1.11** **Complainant** - means a policyholder or prospect or any beneficiary of an insurance *Policy* who has filed a complaint or grievance against an *Insurer* or a distribution channel.

**1.12** **Condition Precedent** - means a policy term or condition upon which the *Insurer`s* liability under the *Policy* is conditional upon.

**1.13** **Congenital Anomaly -** means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

**(a)** **Internal Congenital Anomaly** – congenital anomaly which is not in the visible and accessible parts of the body.
**(b)** **External Congenital Anomaly** - congenital anomaly which is in the visible and accessible parts of the body.

**1.14** **Co-Payment -** means a cost-sharing requirement under a health insurance *Policy* that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A Co-Payment does not reduce the *Sum Insured*.

**1.15** **Day Care Centre -** means any institution established for *Day Care Treatment* of *Illness* and / or injuries or a medical setup with a *Hospital* and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified *Medical Practitioner* AND must comply with all minimum criterion as under:

i. has qualified nursing staff under its employment;
ii. has qualified *Medical Practitioner* (s) in charge;
iii. has a fully equipped operation theatre of its own where surgical procedures are carried out;
iv. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

**1.16 Day Care treatment -** means medical treatment, and/or *Surgical Procedure* which is:

**i.** undertaken under General or Local Anaesthesia in a *Hospital / Day Care Centre* in less than 24 hrs because of technological advancement, and

**ii.** which would have otherwise required *Hospitalization* of more than 24 hours.

**Note** - **Treatment normally taken on an Out-patient basis is not included in the scope of this definition.**

**1.17 Deductible -** means a cost sharing requirement under a health insurance *Policy* that provides that the *Insurer* will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the *Insurer*. A deductible does not reduce the *Sum Insured*.

**1.18 Dependents -** means the persons named in the *Policy Schedule* who are *Your*:

i. Spouse – The *Primary Insured's* legally married spouse as long as he/she continues to be married to the *Primary Insured.*

ii. Children – The *Primary Insured's* children with age group of 91 days or above, as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households.

iii. Parents – The *Primary Insured's* natural parents or parents that have legally adopted him.

iv. Parents in law - The *Primary Insured's* parents in law.

v. Siblings – The *Primary insured`s* siblings as long as they are unmarried and financially dependent on him/her with no source of independent income and have not established their own independent households.

**1.19 Dental Treatment -** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and *Surgery*.

**1.20 Diagnosis -** means conclusion drawn by a registered *Medical Practitioner*, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.

**1.21 Disclosure of information norm -** means the *Policy* shall be void and all premiums paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any *Material Fact*.

**1.22 Domiciliary Hospitalisation -** means medical treatment for an *Illness*/disease/*Injury* which in the normal course would require care and treatment at a *Hospital* but is actually taken while confined at home under any of the following circumstances:

i. the condition of the patient is such that he/she is not in a condition to be removed to a *Hospital*, or
ii. the patient takes treatment at home on account of non-availability of room in a *Hospital*.

**1.23** **Emergency -** means a severe *Illness* or *injury* which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *Medical Practitioner* to prevent death or serious long-term impairment of the *Insured Person's* health.

**1.24** **Emergency Care -** means management for an *Illness* or *injury* which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *Medical Practitioner* to prevent death or serious long-term impairment of the *Insured Person's* health.

**1.25** **Family Floater -** means a *Policy* described as such in the *Policy Schedule* where *You* and *Your Dependents* named in the *Policy Schedule* are covered under this *Policy* as at the Commencement Date. The *Sum Insured* for a Family Floater is the amount shown in the *Policy Schedule* which represents *Our* maximum liability for any and all claims made by You and/or all of *Your Dependents* during each *Policy Year*.

**1.26** **Franchise** - means an arrangement under a health insurance *Policy* that provides that the *Insurer* will not be liable upto the specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies but will pay for the entire amount of loss and days/hours when exceeds the agreed amount/days/hours.

**1.27** **Grace Period -** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a *Policy* in force without loss of continuity benefits such as waiting periods and coverage of *Pre-existing Diseases*. Coverage is not available for the period for which no premium is received**.**

**1.28** **Harvesting** – means a surgical procedure to remove organs or tissues from a donor (Cadaveric or live), for the purpose of organ transplantation.

**1.29** **Hospital -** means any institution established for *In-Patient Care* and *Day Care Treatment* of *Illness* and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishment (Registration and Regulation) Act,2010 or under enactments specified under the Schedule of Section 56 (1) of the said Act Or complies with all minimum criteria as under:

i. has qualified nursing staff under its employment round the clock;
ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
iii. has qualified *Medical Practitioner*(s) in charge round the clock;
iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;

v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

**1.30** **Hospitalisation** or **Hospitalised -** means admission in a *Hospital* for a minimum of 24 consecutive "*In - Patient Care*" hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.

**1.31** **Illness -** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

**a)** **Acute Condition** is a disease, *Illness* or *Injury* that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

**b)** **Chronic Condition** is defined as a disease, *Illness*, or *Injury* that has one or more of the following characteristics: -

i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests;
ii. it needs ongoing or long-term control or relief of symptoms;
iii. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
iv. it continues indefinitely;
v. it recurs or is likely to recur.

**1.32** **Immediate Family Member** - includes the *Insured Person's* legal spouse, children, parents, parents-in-law, or any other relation specifically mentioned in the *Policy Schedule*.

**1.33** **Injury -** means *Accidental* physical bodily harm excluding *Illness* or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a *Medical Practitioner*.

**1.34** **In-patient Care -** means treatment for which the *Insured Person* has to stay in a *Hospital* for more than 24 hours for a covered event.

**1.35** **Insured Person -** means persons named in the *Policy Schedule*.

**1.36** **Intensive Care Unit (ICU) –** means an identified section, ward or wing of a *Hospital* which is under the constant supervision of a dedicated *Medical Practitioner(s),* and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

**1.37** **ICU (Intensive Care Unit) Charges** – means the amount charged by a *Hospital* towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

**1.38** **IRDAI** – means the Insurance Regulatory and Development Authority of India.

**1.39** **Material Fact** - means a fact deemed so important that It would change the decision made by an *Insurer* if it were kept hidden.

**1.40** **Maternity Expenses -** means:

i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during *Hospitalisation*);
ii. expenses towards lawful medical termination of pregnancy during the *Policy Period*.

**1.41** **Medical Advice -** means any consultation or advice from a *Medical Practitioner* including the issuance of any prescription or follow-up prescription.

**1.42** **Medical Expenses -** means those expenses that an *Insured Person* has necessarily and actually incurred for medical treatment on account of *Illness* or *Accident* on the advice of a *Medical Practitioner*, as long as these are no more than would have been payable if the *Insured Person* had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**1.43** **Medical Practitioner -** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. *Medical Practitioner* should not be the *Insured Person* or his/her Immediate Family Member or anyone who is living in the same household as the *Insured Person*.

**1.44** **Medically Necessary Treatment -** means any treatment, tests, medication, or stay in *Hospital* or part of a stay in *Hospital* which:

i. is required for the medical management of the *Illness* or *Injury* suffered by the Insured;
ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
iii. must have been prescribed by a *Medical Practitioner*;
iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**1.45** **Network Provider -** means hospital enlisted by an *Insurer*, *TPA* or jointly by an *Insurer* and *TPA* to provide medical services to an insured by a cashless facility.

**1.46** **Non-Network Provider -** means any hospital, day care centre or other provider that is not part of the network.

**1.47** **Non-Allopathic Treatment -** means forms of treatments other than "Allopathy" or "modern medicine" and includes Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy in the Indian context.

**1.48** **New Born Baby -** means baby born during the *Policy Period* and is aged upto 90 days.

**1.49** **Notification of Claim -** means the process of intimating a claim to the *Insurer* or *TPA* through any of the recognized modes of communication.

**1.50** **Outpatient (OPD) Treatment** - means the one in which the Insured visits a clinic/ *Hospital* or associated facility like a consultation room for *Diagnosis* and treatment based on the advice of a *Medical Practitioner*. The Insured is not admitted as a day care or in-patient.

**1.51** **Policy -** means *Your* proposal, the Schedule, annexures, insuring clauses that are appearing in each applicable coverage, definitions, exclusions, conditions and other terms contained herein and any endorsement attaching to or forming part hereof, either at inception or during the *Policy Period*.

**1.52** **Policyholder** means the person or entity named in the *Policy Schedule* as the Policyholder.

**1.53** **Policy Period** - means the period commencing from Policy start date and time as specified in the *Policy Schedule* and terminating at midnight on the Policy end date as specified in the *Policy Schedule*.

**1.54** **Policy Year** – means a period of 12 consecutive months commencing from the *Policy Period* start date and such 12 consecutive months thereafter but not beyond the *Policy Period.*

**1.55** **Policy Schedule** – means schedule attached to and forming part of this *Policy* mentioning the details of the *Insured Persons*, the *Sum Insured*, the *Policy Period* and the limits and conditions, to which the benefits under the *Policy* are subject to, including any annexures and/or endorsements.

**1.56** **Pre-existing Disease -** means any condition, ailment, *Illness* or *Injury* or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which *Medical Advice*/ treatment was received within 48 months prior to the first *Policy* issued by the *Insurer* and renewed continuously thereafter.

**1.57** **Primary Insured -** means the person who has been first enrolled by group policyholder as a member under this *Policy* and who in turn has included his/her family members.

**1.58** **Proposal Form** - means a form to be filled in by the prospect in written or electronic or any other format as approved by the *Authority*, for furnishing all material information as required by the *Insurer* in respect of a risk, in order to enable the *Insurer* to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

**1.59** **Pre-Hospitalisation Medical Expenses -** means *Medical Expenses* incurred during pre-defined number of days preceding the *Hospitalisation* of the *Insured Person*, provided that:

**i.** Such *Medical Expenses* are incurred for the same condition for which the *Insured Person's* Hospitalisation was required, and
**ii.** The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**1.60** **Post Hospitalisation Medical Expenses -** means *Medical Expenses* incurred during pre-defined number of days immediately after the *Insured Person* is discharged from the *Hospital* provided that:

**i.** Such *Medical Expenses* are for the same condition for which the *Insured Person's Hospitalisation* was required, and
**ii.** The inpatient *Hospitalization* claim for such *Hospitalization* is admissible by the insurance company.

**1.61** **Qualified Nurse -** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**1.62** **Reasonable & Customary charges -** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of *Illness/ Injury* involved.

**1.63** **Relaxation Period -** means the specified period of time immediately following the premium instalment due date during which a payment can be made to continue a Policy in force without loss of continuity of waiting periods and coverage of Pre-existing diseases.

**1.64** **Renewal -** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of *Grace Period* for treating the renewal continuous for the purpose of gaining credit for *Pre-existing Diseases*, time bound exclusions and for all waiting periods.

**1.65** **Room Rent -** means the amount charged by a *Hospital* towards Room and Boarding expenses and shall include the associated *Medical Expenses*.

**1.66** **Sum Insured -** means the specified amount mentioned in the *Policy Schedule*/Certificate of Insurance which represents *Our* maximum liability for each *Insured Person* or family, in case of *Family Floater* plan for any and all benefits claimed for during the *Policy Year*.

**1.67** **Surgery** or **Surgical Procedure -** means manual and/or operative procedure(s) required for treatment of an *Illness* or *Injury*, correction of deformities and defects, *Diagnosis* and cure of diseases, relief of suffering or prolongation of life, performed in a *Hospital* or *Day Care Centre* by a *Medical Practitioner*.

**1.68** **TPA -** means any person who is registered under the *IRDAI* (Third Party Administrators - Health Services) Regulations, 2016 notified by the *Authority*, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.

**1.69** **Unproven/Experimental treatment -** means the treatment, including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

**1.70** **We/Our/Us / Insurer -** means the DHFL General Insurance Limited.

**1.71** **You/Your -** means the *Policyholder* or *Primary Insured* named in the *Policy Schedule*.

## Section 2 - Coverage

*We* will cover *Reasonable and Customary Charges* for *Medically Necessary Treatment* taken by the *Insured Person* for a disease, *Illness* or *Injury* that occurs during the *Policy Year* under any of the below mentioned benefits subject to the terms, conditions and exclusions of this *Policy* and up to the *Sum Insured* specified in the *Policy Schedule*/ Certificate of Insurance.

### 2.1 In-patient Hospitalisation

*We* will cover the *Medical Expenses* incurred for:

- **i)** *Room Rent* & Nursing charges;
- **ii)** *Intensive Care Unit (ICU) charges*;
- **iii)** Operation Theatre charges;
- **iv)** Fees of *Medical Practitioner*/ Surgeon / Anaesthetist / Specialists;
- **v)** Physiotherapy, Investigation & Diagnostic procedures;
- **vi)** Medicines, Drugs and Consumables;
- **vii)** Blood, Oxygen, Surgical appliances;
- **viii)** The cost of prosthetic and other devices or equipment recommended by the attending *Medical Practitioner* and if implanted internally during a Surgical Procedure.

**Mental Illness:**
We will cover Mental Illness as per the provisions of Mental Healthcare Act, 2017.However, in case of following mental illnesses the Inpatient Hospitalization benefit will be restricted to Policy Sum Insured or 3 lacs, whichever is Lower;

1. Schizophrenia (ICD - F20 ; F21;F25)
2. Bipolar Affective Disorders (ICD - F31; F34)
3. Depression (ICD - F32; F33)
4. Obsessive Compulsive Disorders (ICD - F42 ; F60.5)
5. Psychosis (ICD - F 22 ; F23 ; F28 ; F29)

**HIV & AIDS**

We will cover upto the Sum Insured in case Inpatient hospitalization (including Day Care Treatment) for the treatment arising out of HIV or any condition caused by or associated with Acquired Immuno-Deficiency Syndrome (AIDS).

We will cover only the cost of Anti-Retro Viral Therapy (ART) in Pre-Hospitalization & Post Hospitalization period restricted to a maximum of Rs 20,000 in a Policy Year. This amount is in addition to the Inpatient hospitalisation benefit amount.

### 2.1.1 Pre-hospitalisation

*We* will cover *Pre-Hospitalisation Medical Expenses* incurred during thirty (30) days preceding the *Hospitalisation* of the *Insured Person* including *Day Care Treatment*.

***Note*** *- The date of admission to Hospital for the purpose of this coverage shall be the date of the Insured Person's first admission to the Hospital in relation to Any One Illness.*

### 2.1.2 Post-hospitalisation

*We* will cover *Post-Hospitalisation Medical Expenses* incurred during sixty (60) days immediately after the *Insured Person* is discharged from the *Hospital* including *Day Care Treatment*.

***Note -*** *In case of any one illness where insured person undergoes more than one hospitalisation within 45 days, the cover for post hospitalisation expenses cumulatively shall not exceed 60 days.*

### 2.1.3 Day Care Treatment

*We* will cover the *Day Care Treatment (including Pre-Hospitalisation & Post-Hospitalisation Medical Expenses)*. List of such treatment is available in Annexure II of this document.

### 2.1.4 Domiciliary Hospitalisation

*We* will cover the *Domiciliary Hospitalisation* if medical treatment is continuously required for at least three (3) days, in which case the cost of medical treatment for the entire period shall be payable.

**We will not pay for –**

**i.** Any *Medical Expenses* under this section for the treatment of the following diseases:

a. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
b. Arthritis, gout and rheumatism;
c. Chronic nephritis and nephritic syndrome;
d. Diarrhoea and all type of dysenteries including gastroenteritis;
e. Diabetes mellitus and insipidus;
f. Epilepsy;
g. Hypertension;
h. Psychiatric or psychosomatic disorders of all kinds;
i. Pyrexia of unknown origin.

### 2.1.5 Organ Donor

*We* will cover the Surgical Expenses incurred towards donor in case of major organ transplant for *Harvesting* of the organ provided that:

i. The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and amendments thereof and other applicable laws & rules.
ii. The organ donated is for the use of the *Insured Person*.
iii. The *Insured Person* (recipient) has been medically advised to undergo an organ transplant.
iv. *We* have accepted claim under In-patient Hospitalisation - 2.1.

**We will not pay for** –

i. Any expense other than specified above.
ii. Cost towards donor screening.
iii. Pre / post hospitalization *Medical Expenses* of the organ donor.
iv. Cost directly or indirectly associated with acquisition of the organ.
v. Any other medical treatment for the donor consequent to the *Harvesting*.
vi. Expenses related to organ transportation or preservation.
vii. Transplant of any organ/tissue where the transplant is experimental or investigational.
viii. *Hospitalisation* or any related *Medical Expenses* if *Insured Person* is *Hospitalised* for donating organ.

### 2.1.6 Vaccination (Post-bite treatment)

*We* will cover the *Medical Expenses* incurred for vaccination including inoculation and immunisations in case of post-bite treatment.

However, Medical Expenses incurred on outpatient treatment will be limited to the sub -limit of upto Rs.5000.

## 2.2 Family Transportation Benefit

*We* will cover the transportation expenses incurred by any one Immediate Family Member of *Insured Person* up to the limits stated in the *Policy Schedule*/ Certificate of Insurance if –

*Insured Person* is admitted in a *Hospital* which is not in the city as reflected in the address in the *Policy* and no adult member of his immediate family is present in the hospital at his bedside for the duration of stay in the hospital.

**Note**: Coverage shall be applicable only if *We* have accepted claim under In-patient Hospitalisation - 2.1.

## 2.3 Emergency Ambulance / Repatriation of Mortal Remains (RMR) / Funeral expenses

**I.** *We* will cover the expenses up to the limits stated in the *Policy Schedule*/ Certificate of Insurance, incurred towards transportation of an *Insured Person* by a registered healthcare or *Ambulance* service provider for treatment of a disease / *Illness* / *Injury* in case of an *Emergency*.

**Expenses shall include:**

i. Transportation Costs towards transferring the *Insured Person* from the place of incident to *Hospital* or from one Hospital to another Hospital or to a diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital and advised by the treating *Medical Practitioner*.
ii. When the *Insured Person* requires to be moved to a better *Hospital* facility due to lack of super speciality treatment in the existing *Hospital*.
iii. When the *Insured Person* requires to be moved to home after discharge from the *Hospital*. The medical condition of *Insured Person* is such that it requires services of *Ambulance* and is certified by treating *Medical Practitioner*.

**II.** *We* will also cover the following expenses if the *Insured Person* dies in the *Hospital* during the course of *Hospitalisation*.

**(i)** Transportation of Mortal remains from *Hospital* to home and/or to cremation ground for funeral purpose;
**(ii)** Cremation Expenses;
**(iii)** Coffin Charges.

Coverage shall be applicable only if *We* have accepted claim under In-patient Hospitalisation - 2.1 or under Day Care Procedures - 2.1.3.

**Section 3 - Waiting Periods**

All waiting Periods shall apply individually for each *Insured Person* and claims shall be assessed accordingly.

**3.1** **Waiting Period for 30 days** - *We* will not pay for any *Hospitalisation* except for the treatments arising due to an *Accident* during the first thirty (30) days from inception of first *Policy* with us.

**3.2** **Waiting Period for Named Ailments -** *We* will not pay for any *Hospitalisation* for the treatment of disease/conditions mentioned below or any complication arising from the same except where underlying cause is cancer during the first two (2) years from inception of first *Policy* with us.

| S. No. | Organ / Organ Systems | Illness / Surgeries |
|---|---|---|
| **1.** | **Ear Nose Throat (ENT)** | a. Sinusitis<br>b. Chronic Suppurative Otitis Media (CSOM)<br>c. Tonsillectomy<br>d. Adenoidectomy<br>e. Mastoidectomy<br>f. Tympanoplasty<br>g. Surgery for Deviated Nasal Septum<br>h. Surgery for turbinate/Concha<br>i. Any other benign ear, nose and throat disorder or surgery |
| **2.** | **Eye** | a. Cataract<br>b. Surgical Management of Glaucoma<br>c. Retinopathy |
| **3.** | **Gastrointestinal** | a. Calculus Diseases of Gall Bladder including Cholecystectomy<br>b. All types of Surgery of Hernia<br>c. Fissure/Fistula in anus, Hemorrhoids, Pilonidal Sinus<br>d. Ulcer of Stomach & Duodenum<br>e. Gastroesophageal Reflux Disorder(GRD)<br>f. Perianal / Perineal Abscess<br>g. Rectal Prolapse |
| **4.** | **Gynaecological** | a. Cysts, polyps<br>b. Any type of Breast lumps (unless malignant)<br>c. Polycystic Ovarian Disease (PCOD)<br>d. Fibroids (Fibromyoma)<br>e. Myomectomy for fibroids<br>f. Prolapse of Uterus unless necessitated by malignancy |

| | | |
|---|---|---|
| | | g. Adenomyosis<br>h. Endometriosis<br>i. Menorrhagia and Dysfunctional Uterine Bleeding (DUB)<br>j. Dilatation & Curettage (D & C)<br>k. Hysterectomy unless due to malignancy |
| **5.** | **Orthopaedic** | a. Non-Infectious Arthritis<br>b. Gout and Rheumatism<br>c. Osteoarthritis and Osteoporosis<br>d. Ligament, Tendon & Meniscal Tear (other than caused by *Accident*)<br>e. Spondylitis/Spondylosis/Spondylolisthesis<br>f. Surgery for Prolapsed intervertebral disc (other than caused by *Accident*)<br>g. Joint Replacement Surgeries (other than caused by *Accident*) |
| **6.** | **Urogenital** | a. Calculus of Urinary system (Kidney Stone/Urinary Bladder/Ureteric Stone)<br>b. Any surgery of the genitourinary system unless necessitated by malignancy.<br>c. Benign Hyperplasia of Prostate<br>d. Surgery for Hydrocele/Rectocele |
| **7.** | **Others** | a. Varicose veins and Varicose ulcers |
| **8.** | **General (Applicable to organ systems/organs/disciplines whether or not described above)** | a. Any type of cysts / Nodules / Polyps / Internal tumours / Skin tumours / Lump, growth. |

**3.3** **Waiting Period for Pre-Existing Conditions -** *We* will not pay for any treatment / *Hospitalisation* with respect to any *Pre-Existing Disease*/*Illness*/*Injury* or any complication arising from the same, during first forty eight (48) months from the inception of first *Policy* with *Us*.

**3.4** **Waiting Period for coverage of Internal Congenital Anomaly -** *We* will not pay in respect of *Internal Congenital Anomaly* within first 24 months from inception of first *Policy* with *Us*.

**3.5** **Waiting Period for coverage of HIV (Human Immunodeficiency Virus) & AIDS (Acquired Immuno Deficiency Syndrome) -** *We* will not pay for any treatment / *Hospitalisation* with respect to HIV & or any complication arising from the same including AIDS, within first 48 months from inception of first *Policy* with *Us*.

**3.6** **Waiting Period for Named Mental Illnesses** - We will not pay for any Hospitalisation for the treatment of disease/conditions mentioned below or any complication arising from the same during the first 24 months from inception of first Policy with us.

| S. No. | Organ / Organ Systems | Illness / Surgeries |
|---|---|---|
| **1.** | **Mental Disorders** | a. Schizophrenia (ICD - F20 ; F21;F25)<br>b. Bipolar Affective Disorders (ICD - F31; F34)<br>c. Depression (ICD - F32; F33)<br>d. Obsessive Compulsive Disorders (ICD - F42 ; F60.5)<br>e. Psychosis (ICD - F 22 ; F23 ; F28 ; F29) |

## Section 4 - Exclusions

### 4.1 STANDARD EXCLUSIONS APPLICABLE TO ALL POLICIES

**4.1.1 Breach of Law** - *We* will not pay any expense related to *Insured Person* committing or attempting to commit a breach of law with criminal intent.

**4.1.2 Chemical & Nuclear Exposure -** *We* will not pay for the treatment costs directly or indirectly caused by or contributed to or arising from nuclear weapons/materials, radioactive material, nuclear waste, nuclear fuel, chemical weapons / material or biological weapons/material.

**4.1.3 War -** *We* will not pay for the treatment related to any condition resulting directly or indirectly from, or as a consequence of War, invasion, act of foreign enemy, war like operations (whether war be declared or not), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts.

### 4.2 EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

**4.2.1 Alcohol and drug abuse & de – addiction programs** - *We* will not pay for the treatment (including cessation programs) resulting from dependency on or abuse of intoxicants or hallucinogenic substances , alcohol, drugs, nicotine, and any *Illness* or *Injury* arising directly or indirectly from such dependency or abuse.

**4.2.2 Ancillary Hospital Charges -** *We* will not pay for the charges related to admission, discharge, administration, registration, documentation & filing, Home Visit Charges, service charge, surcharges and Luxury tax levied by the *Hospital*.

**4.2.3 Cosmetic surgery -** *We* will not pay for the plastic surgery or cosmetic surgery or any aesthetic treatment unless medically necessary as a part of treatment certified by the attending *Medical Practitioner* for reconstruction following an *Accident*, Cancer or Burns.

**4.2.4 Circumcision -** *We* will not pay for Circumcision unless necessary for the treatment of a disease or necessitated by an *Injury*.

**4.2.5 General Debility -** *We* will not pay for any expense related to convalescence, supervision, rest cure, sanatorium treatment (treatment for long term illness), rehabilitation measures, private duty nursing, respite care (temporary care of a sick, elderly, or disabled person, providing relief), long-term nursing care, hospice care (care that focuses on care of a chronically ill, terminally ill patients), custodial care (non medical assistance for activities of daily life (such as bathing , eating, dressing, cleaning etc) which a person is unable to perform without help), general debility (weakness) or exhaustion (run-down condition)

**4.2.6** **Dangerous Acts (Adventure/Professional Sports/Defence Operation) -** Any *Insured Person's* participation or involvement in naval, military or air force operation, or any adventure sports in a professional nature.

**4.2.7** **Dietary supplements -** *We* will not pay for the substances that can be purchased without prescription - vitamins, minerals, nutritional / electrolyte supplements and tonics unless certified to be required by the attending *Medical Practitioner* as a direct consequence of an otherwise covered claim.

**4.2.8** **Experimental treatment -** *We* will not pay for the treatments which are experimental, investigational or *Unproven*, which are not consistent with or incidental to the *Diagnosis* and treatment of the positive existence, pharmacological regimens, stem cell implantation/ therapy or *Surgery*.

**4.2.9** **Gender Change** - *We* will not pay for any treatment / *Surgery* for change of sex or gender reassignments including any complication arising from these treatments.

**4.2.10** **Sexually Transmitted Disease -** *We* will not pay for treatment related to any condition directly or indirectly caused by or associated with any sexually transmitted disease, Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Human T-Cell Lymphotropic Virus Type III (HTLV–III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind, unless leading to AIDS.

**4.2.11** **Incidental Services & Supplies -** *We* will not pay for the Items of personal comfort and convenience – charges for television, telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products, toiletry items, barber or beauty service, guest service.

**4.2.12** **Neurodevelopmental delays and other disorders -** *We* will not pay any expenses related to erectile dysfunction; treatment for neurodegenerative disorders– Dementia, Parkinson and Alzheimer's disease; Disorders of speech and language - stammering, dyslexia; treatment of developmental, behavioural or learning disorders - Attention Deficit Hyperactivity Disorder (ADHD) and Physical developmental disorder.

**4.2.13** **Medical Equipment** - We will not pay costs related to any durable medical/non-medical equipment of any kind, Pulse Oximeter Device, Spirometer, Glucometer / Thermometer.

**4.2.14 Medically Necessary Expenses -** *We* will not pay for any treatment or part of a treatment that is not reasonable and medically necessary and drugs or treatments which are not supported by a prescription.

**4.2.15 Non-Medical Expenses -** *We* will not pay for any Non-medical expenses defined in annexure III.

**4.2.16 Obesity -** *We* will not pay any expenses related to treatment of Obesity and any weight control program.

**4.2.17 Preventive Vaccinations -** *We* will not pay for the expenses towards any treatment related to preventive care, vaccination including inoculation and immunizations (except in case of post-bite vaccination treatment) unless certified and recommended by the attending *Medical Practitioner* as part of in-patient treatment as a direct consequence of an otherwise covered claim.

**4.2.18 Birth control expenses and Reproductive treatment -** *We* will not pay for the expenses related to birth control and its procedures including complications arising out of the same, infertility services including artificial insemination and advanced reproductive technologies, In vitro fertilization (IVF), Zygote intrafallopian transfer (ZIFT), Gamete intrafallopian transfer (GIFT), Intracytoplasmic sperm injection (ICSI), Gestational Surrogacy.

**4.2.19 Self-inflicted injuries or attempted suicide -** *We* will not pay any expenses for treatment resulting directly or indirectly from self-inflicted *Injury* or suicide, attempted suicide while sane or insane.

**4.2.20 Sleep disorders -** *We* will not pay for treatment related to sleep disorders, sleep apnoea.

**4.2.21 Treatment by outside discipline -** *We* will not pay any expenses for treatment rendered by someone who is not licensed to practice the discipline.

**4.2.22 Unrelated diagnostic procedures -** *We* will not pay for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the *Diagnosis* and treatment of the positive existence or presence of any *Illness* for which confinement is required at a *Hospital*.

## 4.3 EXCLUSIONS SPECIFIC TO THE POLICY, WHICH CAN BE WAIVED ON PAYMENT OF ADDITIONAL PREMIUM

**4.3.1 External Congenital Anomaly** - We will not cover for screening, counselling and treatment related to External congenital anomalies.

**4.3.2 Dental Care -** *We* will not pay for the *Dental Treatment* and *Surgery* of any kind, other than arising out of an *Accident* and subsequently requiring *Hospitalisation*.

**4.3.3 Eyesight, Hearing Aids & External prosthesis –**

**(a)** *We* will not pay for treatment related to correction of refractive errors of the eye, routine eyesight checking or hearing tests including optometric therapy.

**(b)** *We* will not pay for any cost of hearing aids / Cochlear Implants, Spectacles or Contact Lenses.

**(c)** *We* will not pay for any cost related to providing, maintaining and fitting of following external and or durable medical/non-medical equipment of any kind used for *Diagnosis* and or treatment (except when used intra-operatively).

*Walking Aids ; BIPAP Machine; Commode; Continuous Positive Airway Pressure (CPAP) / Continuous Ambulatory Peritoneal Dialysis (CAPD) Equipments; Infusion Pump; Oxygen Cylinder; Pulse oxymeter; Spacer; Spirometer; SPO2 Probe; Nebulizer Kit; Steam Inhaler; Arm sling; Walkers; Crutches; Caps ; Stockings of any kind ; any artificial limb; Thermometer; Cervical Collar; Splint; Diabetic Foot Wear; Knee Braces; Knee Immobilizer; Lumbo Sacral Belt; Nimbus Bed or Water Bed or Air Bed; Ambulance Collar; Ambulance Equipment; Micro shield; Abdominal binder.*

**4.3.4 Non-Allopathic Treatment -** *We* will not pay any expenses related to *Non-Allopathic treatment.*

**4.3.5 Maternity Expenses -** *We* will not pay for *Maternity Expenses*, treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (except as a result of an *Accident* or *Illness*), abortion or complications except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated

**4.3.6 Time bound Exclusions -** *We* will not pay for any specific time bound exclusion(s) applied by *Us* and mentioned in the Schedule and accepted by the policyholder.

## Section 5 - General Terms & Conditions

### 5.1 CONDITION PRECEDENT TO THE CONTRACT

**5.1.1** **Age -** A person shall be eligible to become an *Insured Person* if he/she is not younger than 91 days. However, there is no maximum age limit.

**5.1.2** **Condition precedent** - This *Policy* requires fulfilment of the terms and conditions of this *Policy*, payment of premium (including payment of instalment premium by the due dates as mentioned in the *Policy Schedule*) and disclosure of information norm at all times by You or any one acting on *Your* behalf. This is a precondition to any liability under the *Policy*.

**5.1.3** **Disclosure to Information Norm** - The *Policy* shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any *Material Fact*.

**5.1.4** **Electronic Transactions -** The *Policyholder* / *Insured Person* agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions that *We* may prescribe from time to time which shall be within the terms and conditions of the contract, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the *Policy* or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with *Our* terms and conditions for such facilities, as may be prescribed from time to time which shall be within the terms and conditions of the contract. However, the terms and condition shall not override provisions of any law(s) or statutory regulations including provisions of *IRDAI* regulations for protection of policyholders' interests.

**5.1.5** **No Constructive Notice -** Any knowledge or information of any circumstance or condition in relation to the *Policyholder/ Insured Person* which is in *Our* possession and not specifically informed by the *Policyholder* / *Insured Person* shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

## 5.2 CONDITIONS APPLICABLE DURING CONTRACT

**5.2.1 Alterations to the Policy** - The *Proposal Form*, declaration, Certificate, and *Policy* constitutes the complete contract of insurance. For any change(s) / alteration/ modification in contract You are requested to give us in writing. Any change that *We* make will be communicated to You by a written endorsement signed and stamped by Us. This *Policy* cannot be changed by any one (including an insurance agent or broker) except Us.

**5.2.2 Cancellation of Policy –**

- **Cancellation by You** - You may cancel this *Policy*/ certificate of Insurance at any time by sending fifteen (15) days notice in writing to Us, stating when cancellation is to take effect. In the event of such cancellation, *We* shall retain premium for the period this *Policy* / certificate of Insurance has been in force in accordance with the short-period rate table below. However, there will be no refund of premium in respect of the *Insured Person* for whom a claim has been paid or is payable under the *Policy*.

| REFUND PERCENTAGE | | | | | |
|---|---|---|---|---|---|
| Month | 1 Year Policy | 2 Year Policy | 3 Year Policy | 4 Year Policy | 5 Year Policy |
| 1 | 77% | 86% | 89% | 91% | 92% |
| 2 | 69% | 82% | 86% | 89% | 90% |
| 3 | 61% | 78% | 84% | 87% | 88% |
| 4 | 53% | 74% | 81% | 85% | 87% |
| 5 | 45% | 70% | 79% | 83% | 85% |
| 6 | 37% | 66% | 76% | 81% | 84% |
| 7 | 29% | 62% | 73% | 79% | 82% |
| 8 | 21% | 58% | 71% | 77% | 80% |
| 9 | 7% | 54% | 68% | 75% | 79% |
| 10 | 0% | 50% | 65% | 73% | 77% |
| 11 | 0% | 46% | 63% | 71% | 76% |
| 12 | 0% | 42% | 60% | 69% | 74% |
| 13 | | 39% | 57% | 67% | 73% |
| 14 | | 35% | 55% | 65% | 71% |
| 15 | | 31% | 52% | 63% | 69% |
| 16 | | 27% | 49% | 61% | 68% |
| 17 | | 23% | 47% | 59% | 66% |
| 18 | | 19% | 44% | 57% | 65% |
| 19 | | 15% | 42% | 55% | 63% |
| 20 | | 10% | 39% | 53% | 61% |
| 21 | | 4% | 36% | 51% | 60% |
| 22 | | 0% | 34% | 49% | 58% |
| 23 | | 0% | 31% | 47% | 57% |
| 24 | | 0% | 28% | 45% | 55% |
| 25 | | | 26% | 43% | 53% |
| 26 | | | 23% | 41% | 52% |
| 27 | | | 20% | 39% | 50% |
| 28 | | | 18% | 37% | 49% |
| 29 | | | 15% | 35% | 47% |
| 30 | | | 12% | 33% | 46% |
| 31 | | | 10% | 31% | 44% |
| 32 | | | 7% | 29% | 42% |
| 33 | | | 2% | 27% | 41% |
| 34 | | | 0% | 25% | 39% |
| 35 | | | 0% | 23% | 38% |
| 36 | | | 0% | 21% | 36% |
| 37 | | | | 19% | 34% |

| | | | | | |
|---|---|---|---|---|---|
| 38 | | | | 17% | 33% |
| 39 | | | | 15% | 31% |
| 40 | | | | 13% | 30% |
| 41 | | | | 11% | 28% |
| 42 | | | | 9% | 27% |
| 43 | | | | 7% | 25% |
| 44 | | | | 5% | 23% |
| 45 | | | | 2% | 22% |
| 46 | | | | 0% | 20% |
| 47 | | | | 0% | 19% |
| 48 | | | | 0% | 17% |
| 49 | | | | | 15% |
| 50 | | | | | 14% |
| 51 | | | | | 12% |
| 52 | | | | | 11% |
| 53 | | | | | 9% |
| 54 | | | | | 7% |
| 55 | | | | | 6% |
| 56 | | | | | 4% |
| 57 | | | | | 1% |
| 58 | | | | | 0% |
| 59 | | | | | 0% |
| 60 | | | | | 0% |

- **Cancellation by Us** - *We* may cancel this *Policy*/ certificate of insurance on grounds of misrepresentation, fraud, non-disclosure of *Material Facts*, non-cooperation by You or anyone acting on *Your* behalf. When such cancellation of the *Policy*/ certificate of Insurance will be on the grounds of misrepresentation, fraud, non-disclosure of *Material Facts*, it will be from inception date or the *Renewal* date (as the case may be) upon fifteen (15) days written notice delivered to or mailed to *Your* last address as shown in *Our* records followed by an endorsement without refund of any premium. In case of cancellation of the *Policy*/certificate of insurance by Us on account of non-cooperation, You shall be entitled to get refund of pro-rata premium for the unexpired portion of the *Policy* on the date of cancellation except for those *Insured Person(s)* for whom a claim has been paid or is payable under the *Policy*.

**5.2.3 Communication & Notices –**

**i)** Any notice, direction or instruction under this *Policy* shall be in writing and if it is:
- To any *Insured Person*, then it shall be sent to You at *Your* last updated address as shown in *Our* records and You shall act for all *Insured Persons* for these purposes.
- To Us, it shall be delivered to *Our* address specified in the Schedule.

**ii)** No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on *Our* behalf unless *We* have expressly stated to the contrary in writing.

**iii)** Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

**iv)** You must immediately bring to *Our* notice any change in the address or contact details. If You fail to inform Us, *We* shall send notice to the last known address and it would be considered that the notice has been sent to You.

**v)** You shall immediately notify Us in writing in regard to change in occupation / business at *Your* own expense and *We* may adjust the scope of cover and/or premium after analysing the risk of such a change, if necessary, accordingly.

***Note: Please include Your Policy number for any communication with Us.***

**5.2.4 Geography -** This *Policy* only covers medical treatment taken within India. All payments under this *Policy* will only be made in Indian Rupees within India.

**5.2.5 Group Administrator** - The Group Administrator i.e. *Policyholder* shall take all reasonable steps to cover their members or employees of the company and ensure timely payment of premium in respect of the persons covered. The Group administrator will collect premium from members wherever applicable as mentioned in the Group/Master policy issued to the Group administrator. The Group administrator will neither charge more premium nor alter the scope of coverage offered under the Group/Master policy.

Group/Master policy will be issued to the group administrator and all members wherever required will be provided with the certificate of insurance by Us. Wherever mutually agreed group administrator will issue the certificate of insurance to its member as per agreed terms and conditions and in the format prescribed by us and shall keep the record of such issuance. *We* reserve the right to inspect the record at any time to ensure that terms and conditions of group policy and provisions of *IRDAI* group guidelines contained in circular ref: 015/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 and any amendments thereto are being adhered. *We* may also require submission of certificate of compliance from *Your* Group Administrator auditors.

The Group administrator will provide all possible help to its member and facilitate any service required under the *Policy* including claims. Notwithstanding this a member of the group covered under the *Policy* shall be free to contact Us directly for filing the claim or any assistance required under the *Policy*.

**5.2.6** **Instalment Premium -** In case premium is payable in instalments as specified in the *Policy Schedule* / certificate of insurance, instalments shall be payable on or before the due date for continuity of coverage under the *Policy*. You will have relaxation period of fifteen (15) days from the due date for payment of instalment. We will not charge interest on the instalment premium paid during the relaxation period and there will be no impact on coverage of Pre-Existing Disease and continuity of waiting periods. In case *We* do not receive the premium within the relaxation period, the *Policy* will be terminated and all claims that fall beyond the instalment due date will not be covered under the *Policy*. In the event of a claim before instalment due date, all the subsequent premium instalments shall immediately become due and payable. *We* shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the *Policy*.

**IMPORTANT POINTS TO BE NOTED WHILE OPTING FOR INSTALMENT PREMIUM PAYMENT VIA ELECTRONIC CLEARING SERVICE (ECS)**

1. Completely filled & signed Electronic Clearing Service Mandate Form is mandatory.
2. Ensure that the Premium amount which would be auto debited & frequency of instalment is duly filled in the ECS Mandate form.
3. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan /coverages/revision in premium.
4. You need to inform us atleast 15 days prior to the due date of instalment premium if you wish to discontinue with the ECS facility.
5. Non-payment of premium on due date as opted by You in the mandate form subject to an additional 15 days of relaxation period will lead to termination of the policy.

**5.2.7** **Protection of Policy Holders Interest -** This *Policy* is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 2017 and any amendment thereof.

**5.2.8** **Policy Disputes -** Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this *Policy* shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

**5.2.9** **Records to be maintained -** You or the *Insured Person*, as the case may be shall keep an accurate record containing all medical records pertaining to the treatment taken for any liability under the policy and shall allow Us or *Our* representative(s) to inspect such records. You or the *Insured Person* as the case may be, shall furnish such information as may be required by Us under this *Policy* at any time during the *Policy Period* and up to

three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this *Policy*.

**5.2.10 Revision & Modification of Product** - Any revision or modification will be done with the approval of the *Authority*. *We* shall notify You about revision / modification in the product including premium. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

**5.2.11 Termination of Policy -** This *Policy* terminates on earliest of the following events-

**a.** *Cancellation of Policy* as per the cancellation provision.

**b.** On the policy expiry date.

**5.2.14 Withdrawal of Product** - The product will be withdrawn only after due approval from the *Authority*. *We* will inform the Group Organiser /Administrator in the event *We* may decide to withdraw the product.

In such cases, where *Policy* is falling due for *Renewal* within 15 days from the date of withdrawal, *We* will provide the Group Organiser/Administrator one time option to renew the existing *Policy* with us or migrate to modified or new suitable health insurance policy with *Us*. Any *Policy* falling due for *Renewal* after 15 days from the date of withdrawal will have to migrate to modified or new suitable health insurance policy with *Us*.

The Group Organiser/Administrator will inform individual members about such withdrawal of product by *Us*.

Individual members will also have an option to opt for suitable health insurance *Policy* with Us subject to applicable Portability norms in vogue.

However, even if the Group Organiser/Administrator does not respond to *Our* intimation in case of such withdrawal, the *Policy* will stand withdrawn on the *Renewal* date.

## 5.3 CONDITIONS FOR RENEWAL OF CONTRACT

**5.3.1 Continuity -** *Insured Person* would have an option to migrate to *Our* individual health insurance plans if the group *Policy* is discontinued or if *Insured Person* is leaving the group on account of resignation, retirement, termination of employment or otherwise, subject to *Our* underwriting guidelines. Dependent children likewise when exiting on account of reaching upper age limit will have an option to migrate to *Our* individual health insurance plans subject to *Our* underwriting guidelines. *Insured Person* will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the *Authority.*

**5.3.2 Portability** – *Insured Persons* covered under this Group Health Insurance Policy shall have the right to migrate from such group policy to a suitable individual health insurance policy offered by Us provided that member shall apply to port the entire *Policy* along with all the

members of the family, if any, at least 45 days before the premium *Renewal* date of his/ her existing health insurance policy. *Insured Persons* will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the *Authority*.

**5.3.3** **Renewal Terms -** This *Policy* may be renewed by mutual consent every year and in such event, the *Renewal* premium shall be paid to Us on or before the date of expiry of the Policy. However, *We* shall not be bound to give notice that such *Renewal* premium is due. Also, *We* may exercise option of not renewing the *Policy* on grounds of fraud, misrepresentation, or suppression of any *Material Fact* either at the time of taking the *Policy* or any time during the currency of the *Policy*.

A *Grace Period* of thirty (30) days is allowed for *Renewal* of the policy. This will be counted from the next day following the expiry date, during which a payment can be made to renew the Group Health Policy without loss of continuity benefits such as waiting periods and coverage of *Pre-Existing Diseases*. Coverage is not available for the period for which no premium is received and *Insurer* has no liability for the claims arising during this period.

## 5.4 CONDITIONS WHEN A CLAIM ARISES

**5.4.1** **Arbitration -** If *We* admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereof. No reference to Arbitration shall be made unless *We* have admitted *Our* liability for a claim in writing.

**5.4.2** **Complete Discharge -** Payment made by Us to You /Assignee/*Nominee*/legal representative, as the case may be, in respect of any benefit under the *Policy* shall in all cases be complete and construe as an effectual discharge in favor of *Us*.

**5.4.3** **Disclaimer of Claim -** If Company disclaim liability to the Insured for any claim and if the insured within twelve (12) calendar months from the date or receipt of the notice of such disclaimer does not, notify the Company in writing that he does not accept such disclaimer and intends to recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the *policy*.

**5.4.4** **Life Threatening Situations** – If the *Hospitalisation* is under a cover where sub-limit is applicable and *Insured Person* suffers from any medical complication which leads to a life-threatening condition then *we* will waive the sub-limit and extend the coverage upto Policy *Sum insured* provided medical complications are not due to any *Pre–Existing Diseases*/conditions unless specifically covered under the *Policy*. However, life threatening condition due to *Pre–Existing Diseases*/conditions shall be covered after completion of the waiting period specified in the policy.

**5.4.5 Physical Examination -** Any *Medical Practitioner* authorized by the *TPA* /*Us* shall be allowed to examine the *Insured Person* in case of any alleged disease/*Illness*/*Injury* requiring Hospitalization. Non-co-operation by the *Insured Person* will result into rejection of claim. *We* will bear the cost towards performing such medical examination (at the specified location) of the *Insured Person*.

**5.4.6 Claims Process & Management**

Completed claim forms and processing documents must be furnished to *Us* / *TPA* within the stipulated timelines for all reimbursement claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to submit / give proof within such time.

Cashless and Reimbursement Claim processing is through *Our* service partner *TPA*, details of the same will be available on the Health Card issued by Us as well as on *Our* /*TPA* website. For the latest list of *Network Providers*, you can log on to *Our* /*TPA* website. *TPA* will facilitate health claims processing.

**5.4.6.1 Claim Intimation:**

If You meet with any *Accidental* Bodily Injury or suffer an *Illness* that may result in a claim, then as a *Condition Precedent* to *Our* liability, you must comply with the following claims procedures:
You must notify *Your* claim to Us / *Our TPA* in writing or at call centre.

| | Type of Hospitalisation | Notify Us or Our TPA |
|---|---|---|
| **1)** | Planned Hospitalisation | Immediately and in any event at least forty eight (48) hours prior to *Your* admission. |
| **2)** | Emergency Hospitalisation | Within twenty four (24) hours of *Your* admission to *Hospital* or before discharge whichever is earlier |

<u>The following details are to be provided to Us/***TPA*** at the time of intimation of Claim:</u>

- Policy Number
- Health Card ID No.
- Name of the *Primary Insured*
- Name of the *Insured Person* in whose relation the Claim is being lodged
- Nature of *Illness* / *Injury*
- Name and address of the attending *Medical Practitioner* and *Hospital*
- Date of Admission
- Any other information as requested by Us

### 5.4.6.2 Cashless Facility:

Cashless facility is available for *Hospitalization* only at our *Network Provider*. The *Insured Person* can avail *Cashless facility* at *Network Provider*, by presenting the health card as provided by Us with this *Policy*, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / Aadhar Card , any other identity proof as approved by Us).

**(a) For Planned Hospitalization:**

**i.** The *Insured Person* should at least forty-eight (48) hrs prior to admission to the *Hospital* approach the *Network Provider* for *Hospitalization* for medical treatment.
**ii.** The *Network Provider* will issue the request for authorization letter for *Hospitalization* in the pre-authorization form prescribed by the *IRDAI*.
**iii.** The *Network Provider* shall electronically send the filled pre-authorization form along with all the relevant details to the twenty-four (24) hour authorization/cashless department of *TPA* along with contact details of the treating *Medical Practitioner* and the *Insured Person*.
**iv.** Upon receiving the pre-authorization form and all related medical information from the *Network Provider*, the eligibility of cover under the *Policy* will be verified.
**v.** Wherever the information provided in the request is sufficient to ascertain the authorisation, the authorisation letter will be issued to the *Network Provider*. Wherever additional information or documents are required, the same will be called for from the *Network Provider* and upon satisfactory receipt of last necessary documents the authorisation will be issued. All authorisations will be issued within a period of six (6) hours from the receipt of last complete documents.
**vi.** The Authorisation letter will include details of sanctioned amount, any specific limitation on the claim, any *Co-Payment* or *Deductible* and non- payable items if applicable.
**vii.** The authorisation letter shall be valid only for a period of fifteen (15) days from the date of issuance of authorization.

In the event that the cost of *Hospitalization* exceeds the authorized limit as mentioned in the authorization letter:

**i.** The *Network Provider* shall request for an enhancement of authorisation limit.
**ii.** Eligibility will be verified and the enhancement will be evaluated on the availability of further limits.

In the event of a change in the treatment during *Hospitalization* of the *Insured Person*, the *Network Provider* shall obtain a fresh authorization letter from Us.

At the time of discharge:

i. The *Network Provider* may forward a final request for authorization for any residual amount along with the discharge summary and the billing format in accordance with the process.
ii. Upon receipt of the final authorisation letter, *Insured Person* may be discharged by the *Network Provider*.
iii. Ensure that the final authorization letter is signed by *Insured Person.*
iv. Ensure to take photocopies of relevant medical records for future reference.

**(b) For Emergency Hospitalisation:**

i. The *Insured Person* may approach the *Network Provider* for *Hospitalization*
ii. *Insured Person* will need to provide health card / health insurance *Policy* at hospital admission counter.
iii. The *Network Provider* shall forward the request for authorization to *TPA* within twenty-four (24) hours of admission to the *Hospital* or before discharge whichever is earlier.
iv. In the interim, the *Network Provider* may either consider treating the *Insured Person* by taking a token deposit or treating as per their norms.
v. The *Network Provider* shall refund the deposit amount to you barring a token amount to take care of non-covered expenses once the authorization is issued.

The *Network Provider* will send the claim documents to *TPA* within fifteen (15) days from the date of discharge from *Hospital*.

- Claim Form Duly Filled and Signed
- Original signed pre-authorisation request
- Copy of authorisation approval letter (s)
- Copy of Photo ID of Patient Verified by the Hospital
- Original Discharge/Death Summary
- Operation Theatre Notes (if any)
- Original Hospital Main Bill along with break up Bill and original receipts
- Original Investigation Reports, X Ray, MRI, CT Films, HPE etc.
- Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
- Doctors Reference Slips for Investigations/Pharmacy
- Original Pharmacy Bills
- MLC/FIR Report/Post Mortem Report (if applicable and conducted).

Any additional documents may be called as required based on the circumstances of the claim.

There can be instances where *Cashless Facility* may be denied for *Hospitalization* due to insufficient *Sum Insured* or insufficient information to determine admissibility in which

case *You*/*Insured Person* may be required to pay for the treatment and submit the claim for reimbursement to *TPA* which will be considered subject to the *Policy* Terms &Conditions.

*We* in *Our* sole discretion, reserves the right to modify, add or restrict any *Network Provider* for Cashless services under the *Policy*. Before availing the Cashless service, the *Policyholder* / *Insured Person* is required to check the applicable/latest list of *Network Provider* on *TPA's* website or by calling call centre.

#### 5.4.6.3 Claim Reimbursement Process

Wherever *You* have opted for a reimbursement of expenses, *You* may submit the documents for reimbursement of the claim to *Our* / *TPA* office not later than fifteen (15) days from the date of discharge from the *Hospital*. You can obtain a Claim Form from any of *Our* / *TPA* Offices or download a copy from *Our* website http://www.dhflinsurance.com.

List of necessary claim documents to be submitted for reimbursement are as following:

- Claim Form Duly Filled and Signed
- Original Discharge/Death Summary
- Operation Theatre Notes (if any)
- Original Hospital Main Bill along with break up Bill and original receipts
- Original investigation reports, X Ray, MRI, CT films, HPE etc.
- Doctors Reference Slips for Investigations/Pharmacy
- Original Pharmacy Bills
- MLC/FIR Report/Post Mortem Report (if applicable and conducted).
- Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
- KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
- Cancelled cheque for NEFT payment

*We* may call for any additional documents/information as required based on the circumstances of the claim.

#### 5.4.6.4 Scrutiny of Claim Documents:

*We* shall scrutinize the claim and accompanying documents. Any deficiency of documents, shall be intimated to You and the *Network Provider*, as the case may be and subsequent reminders will follow.
During claim processing if the claims are found deficient in documents, *TPA* shall intimate the same to the *Policyholder* / *Insured Person* within three (3) working days of receiving claim documents. First reminder for deficient documents will be sent within seven (7) days of first deficiency letter and Second reminder - within ten (10) days of

first reminder deficiency letter. Final reminder letter will be sent within ten (10) days from second reminder.

We will send a maximum of three (3) reminders following which, we will send rejection letter after fifteen (15) days of the final reminder letter if the deficient documents are not received.

**5.4.6.5 Claim Investigation:**

*We* may investigate claims if reasonably required to determine the validity of claim. Verification carried out, if any, will be done by Individuals or *Medical Practitioners* or entities authorized by Us to carry out such verification / investigation(s) and the costs for such verification / investigation shall be borne by *Us*.

*You* additionally hereby consent to disclose Us of documentation and information that may held with *Your* medical professionals and other insurers.

**5.4.6.6 Pre-& Post Hospitalisation Claims:**

Claim documents for Pre-& Post hospitalisation should be sent to *TPA* within fifteen (15) days of completion of treatment.

**5.4.6.7 Settlement & Repudiation of the Claim:**

*We* shall be under no obligation to make any payment under this *Policy* unless *We* have been provided with the documentation and information to establish the validity of the claim.

**i)** *We* shall ordinarily settle a Claim including its rejection within thirty (30) days of submission of the last "necessary" document(s) / information as stated in Section - 5.4.6.3, that is required for the settlement of the claim.

**ii)** Where the circumstances of a claim warrant an investigation, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document/information.
In such cases, *Insurer* shall settle the claim within 45 days from the date of receipt of last necessary document.

**iii)** 'Repudiated' claims will be informed to You in writing with appropriate reasons of repudiation.

**iv)** *We* will only make payment to *Policyholder* or *Primary Insured* under this *Policy*. *Policyholders' / Insured Person* receipt shall be considered as a complete discharge of *Our* liability against any claim under this Policy. In the event of *Primary Insured's* death, *We* will make payment to the Nominee/Assignee (as named in the Schedule).

**v)** The payments under this *Policy* shall only be made in Indian Rupees within India.

### 5.4.6.8 Payment of Interest:

All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2017 or any amendment thereof. In case of delay in payment of any claim that has been admitted as payable by Us under the *Policy* terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2017, *We* shall pay interest at a rate of two percent (2%) above the *Bank Rate* or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of receipt of last relevant and necessary document from the insured /claimant by Us till the date of the actual payment.

### 5.4.6.9 Multiple Policies:

In case of multiple policies which provide fixed benefits, on the occurrence of the insured event, each *Insurer* shall make the claim payment independent of payments received under other similar polices in accordance with the terms and conditions of their respective policies.

If two or more policies are taken by an insured during a period from one or more insurers to indemnify treatment costs, the *Policyholder* shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

**1)** In all such cases, the *Insurer* who has issued the chosen *Policy* shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen *Policy*.
**2)** Claims under other *Policy/ies* may be made after exhaustion of *Sum Insured* in the earlier chosen *Policy / Policies*. The *Policyholder* shall also have the right to prefer claims from other *Policy /Policies* for the amounts disallowed under the earlier chosen *Policy /Polices*, even if the *Sum Insured* is not exhausted.
**3)** If the amount to be claimed exceeds the *Sum Insured* under a single *Policy* after considering the *Deductible*(s) or *Co-Payment*, the *Policyholder* shall have the right to choose insurers from whom he/she wants to claim the balance amount.
**4)** Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen *Policy*.

### 5.4.6.10 TPA Related Information

For intimation of claim, submission of claim related documents and any claim related query, *You* can contact *TPA* through:

- TPA Name : Name of TPA
- Website : www.<Tpa Name>>.com
- Email : info@tpaname.com
  seniorcitizensdesk@tpaname.com (for Senior Citizens)
- Toll Free : 1800-000-0000
  xxx-00000000 (for Senior Citizens)
- Fax : xxx-00000000
- Courier : Claims Department,
  TPA NAME
  ADDRESS

## Section 6 - Grievance Redressal Procedure

At DHFL General Insurance, we want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if you aren't satisfied—please feel free to connect with us on the following channels.

**a.** Call us on our Toll Free XXXX XX XXXX (From 8 am to 8 pm) for any queries that you may have!
**b.** Email your queries to XXXXXXX@dhflinsurance.com.
**c.** For Senior Citizens, we have a special cell and our Senior Citizen customers can email us at xxxxxx@dhflinsurance.com for priority resolution
**d.** Visit our website www.dhflinsurance.com to register & track your queries
**e.** Please walk in to any of our branches or partner locations
**f.** You can also dispatch your letters to us at:
  - **i.** Address Line 1, (placeholder text)
  - **ii.** Address Line 2, (placeholder text)
  - **iii.** Address Line 3, (placeholder text)
  - **iv.** City & District, (placeholder text)
  - **v.** State, (placeholder text)
  - **vi.** Pin Code, (placeholder text)

We request you to please mention your complete details: Full Name, Policy Number and Contact Details in all your communications, to enable our customer experience expert to connect with you and provide you with quickest possible solution.

We'll make sure to acknowledge your service request within 3 working days—and try and resolve it to your satisfaction within 15 working days. That's a promise!

### Escalation

**Level 1 :** While we attempt to give you best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If you felt that you weren't offered a perfect resolution, please feel free to share your feedback to our Customer Experience team at xxxxxx@dhflinsurance.com

**Level 2 :** If you still are not happy about the resolution provided then you may please write to our Head Customer Experience and Grievance Redressal Officer at xxxxxx@dhflinsurance.com

If your concern remains unresolved after having followed the above escalation procedure then you may please approach the Insurance Ombudsman for Redressal. To know who your Insurance Ombudsman is—simply refer to the list below/overleaf.

**Ombudsman & Addresses:** Refer the link - http://www.gbic.co.in/ombudsman.html

| S. No. | CONTACT DETAILS | JURISDICTION OF OFFICE |
|---|---|---|
| 1 | **AHMEDABAD**<br>Office of the Insurance Ombudsman,<br>2nd floor, Ambica House,<br>Near C.U. Shah College,<br>5, Navyug Colony, Ashram Road,<br>Ahmedabad – 380 014.<br>Tel.: 079 - 27546150 / 27546139<br>Fax: 079 - 27546142<br>Email: bimalokpal.ahmedabad@gbic.co.in | State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu |
| 2 | **BENGALURU**<br>Office of the Insurance Ombudsman,<br>Jeevan Soudha Building,<br>PID No. 57-27-N-19<br>Ground Floor, 19/19, 24th Main Road,<br>JP Nagar, Ist Phase,<br>Bengaluru – 560 078.<br>Tel.: 080 - 26652048 / 26652049<br>Email: bimalokpal.bengaluru@gbic.co.in | Karnataka |
| 3 | **BHOPAL**<br>Office of the Insurance Ombudsman,<br>Janak Vihar Complex, 2nd Floor,<br>6, Malviya Nagar, Opp. Airtel Office,<br>Near New Market,<br>Bhopal – 462 003.<br>Tel.: 0755 - 2769201 / 2769202<br>Fax: 0755 - 2769203<br>Email: bimalokpal.bhopal@gbic.co.in | States of Madhya Pradesh and Chattisgarh. |
| 4 | **BHUBANESHWAR**<br>Office of the Insurance Ombudsman,<br>62, Forest park,<br>Bhubneshwar – 751 009.<br>Tel.: 0674 - 2596461 /2596455<br>Fax: 0674 - 2596429<br>Email: bimalokpal.bhubaneswar@gbic.co.in | State of Orissa |

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|---|---|---|
| 5 | **CHANDIGARH**<br>Office of the Insurance Ombudsman,<br>S.C.O. No. 101, 102 & 103, 2nd Floor,<br>Batra Building, Sector 17 – D,<br>Chandigarh – 160 017.<br>Tel.: 0172 - 2706196 / 2706468<br>Fax: 0172 - 2708274<br>Email: bimalokpal.chandigarh@gbic.co.in | States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh. |
| 6 | **CHENNAI**<br>Office of the Insurance Ombudsman,<br>Fatima Akhtar Court, 4th Floor, 453,<br>Anna Salai, Teynampet,<br>CHENNAI – 600 018.<br>Tel.: 044 - 24333668 / 24335284<br>Fax: 044 - 24333664<br>Email: bimalokpal.chennai@gbic.co.in | State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry). |
| 7 | **DELHI**<br>Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Building,<br>Asaf Ali Road,<br>New Delhi – 110 002.<br>Tel.: 011 - 23239633 / 23237532<br>Fax: 011 - 23230858<br>Email: bimalokpal.delhi@gbic.co.in | State of Delhi |
| 8 | **GUWAHATI**<br>Office of the Insurance Ombudsman,<br>Jeevan Nivesh, 5th Floor,<br>Nr. Panbazar over bridge, S.S. Road,<br>Guwahati – 781001(ASSAM).<br>Tel.: 0361 - 2132204 / 2132205<br>Fax: 0361 - 2732937<br>Email: bimalokpal.guwahati@gbic.co.in | States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. |

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| 9 | **HYDERABAD**<br>Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court",<br>Lane Opp. Saleem Function Palace,<br>A. C. Guards, Lakdi-Ka-Pool,<br>Hyderabad - 500 004.<br>Tel.: 040 - 65504123 / 23312122<br>Fax: 040 - 23376599<br>Email: bimalokpal.hyderabad@gbic.co.in | States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry |
| 10 | **JAIPUR**<br>Office of the Insurance Ombudsman,<br>Jeevan Nidhi – II Bldg., Gr. Floor,<br>Bhawani Singh Marg,<br>Jaipur - 302 005.<br>Tel.: 0141 - 2740363<br>Email: Bimalokpal.jaipur@gbic.co.in | State of Rajasthan |
| 11 | **ERNAKULAM**<br>Office of the Insurance Ombudsman,<br>2nd Floor, Pulinat Bldg.,<br>Opp. Cochin Shipyard, M. G. Road,<br>Ernakulam - 682 015.<br>Tel.: 0484 - 2358759 / 2359338<br>Fax: 0484 - 2359336<br>Email: bimalokpal.ernakulam@gbic.co.in | Kerala, Lakshadweep, Mahe-a part of Pondicherry |
| 12 | **KOLKATA**<br>Office of the Insurance Ombudsman,<br>Hindustan Bldg. Annexe, 4th Floor,<br>4, C.R. Avenue,<br>KOLKATA - 700 072.<br>Tel.: 033 - 22124339 / 22124340<br>Fax : 033 - 22124341<br>Email: bimalokpal.kolkata@gbic.co.in | States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands |

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| **13** | **LUCKNOW**<br>Office of the Insurance Ombudsman,<br>6th Floor, Jeevan Bhawan, Phase-II,<br>Nawal Kishore Road, Hazratganj,<br>Lucknow - 226 001.<br>Tel.: 0522 - 2231330 / 2231331<br>Fax: 0522 - 2231310<br>Email: bimalokpal.lucknow@gbic.co.in | District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar. |
| **14** | **MUMBAI**<br>Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Seva Annexe,<br>S. V. Road, Santacruz (W),<br>Mumbai - 400 054.<br>Tel.: 022 - 26106552 / 26106960<br>Fax: 022 - 26106052<br>Email: bimalokpal.mumbai@gbic.co.in | States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane. |
| **15** | **NOIDA**<br>Office of the Insurance Ombudsman,<br>Bhagwan Sahai Palace<br>4th Floor, Main Road,<br>Naya Bans, Sector 15,<br>Distt: Gautam Buddh Nagar,<br>U.P-201301.<br>Tel.: 0120-2514250 / 2514251 / 2514253<br>Email: bimalokpal.noida@gbic.co.in | States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur |
| **16** | **PATNA**<br>Office of the Insurance Ombudsman,<br>1st Floor,Kalpana Arcade Building,,<br>Bazar Samiti Road,<br>Bahadurpur,<br>Patna 800 006.<br>Tel.: 0612-2680952<br>Email: bimalokpal.patna@gbic.co.in | States of Bihar and Jharkhand |

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| **17** | **PUNE**<br>Office of the Insurance Ombudsman,<br>Jeevan Darshan Bldg., 3rd Floor,<br>C.T.S. No.s. 195 to 198,<br>N.C. Kelkar Road, Narayan Peth,<br>Pune – 411 030.<br>Tel.: 020 - 32341320<br>Email: bimalokpal.pune@gbic.co.in | States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region |

**IRDAI Regulation No 17**: This *Policy* is subject to regulation 17 of *IRDAI* (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

## Section 7 - Annexures

### I. Optional Covers

All endorsements issued with this *Policy* or endorsed thereon shall be expressly subject to the terms and conditions and exclusions of this *Policy*, except to the extent expressly varied by the endorsement and shall become applicable only upon endorsement and after *Our* receipt of requisite additional premium.

**Optional Cover No. 1 Individual Sum Insured**

This *Policy* covers the *Primary Insured* and his *Dependents* (defined in section 1.18) on an Individual sum insured basis, and each Dependent so named in the Schedule shall be an *Insured Person*.

**Optional Cover No. 2 Family Floater Sum Insured**

This *Policy* covers the *Primary Insured* and his *Dependents* (defined in section 1.18) on a *Family Floater* basis under which the *Policy* definition of the *Sum Insured* shall be replaced with the following:

**Sum Insured**: Sum Insured means the sum shown in the *Policy Schedule*/ Certificate of Insurance which represents *Our* maximum liability for any and all claims made by *Primary Insured* and / or all *Dependents* during the *Policy Year*.

**Optional Cover No. 3 Mid-term addition / deletion of Primary Insured and his Dependents**

1) **Addition** – New *Primary Insured* including *dependents* stand included in the *Policy* and coverage in respect of new *Primary Insured* and *Dependents* shall commence from the date of receipt of request or from the date of joining the employment provided:
   - **(1)** Intimation along with information sheet is given to Us.
   - **(2)** Availability of deposit premium with Us is adequate & appropriate for inclusion of the new *Primary Insured* and *Dependents* in the *Policy* (as & when applicable).
   - **(3)** Pro-rata premium shall be charged.

   If any of the conditions (1) & (2) above are not met, coverage will commence only from the date of intimation to Us or premium remittance whichever is later.

2) **Deletion** – In respect of *Primary Insured* whose employment with the *Policyholder* ceases or leaves the group, by whatever means,

   - **(1)** The coverage will automatically expire in respect of that *Primary Insured* and his *Dependents* from date of cessation of employment or from the date of leaving the group.
   - **(2)** Pro-rata refund of premium would be made on intimation provided no claim is made by the *Primary Insured* or his *Dependents.*

**Optional Cover No. 4 Room, Boarding & Nursing expense**

Room, Boarding & Nursing expenses under the *Policy* shall be subject to the limits as specified in the *Policy* schedule which represent *Our* maximum liability for any and all claims made by an *Insured Person* in respect of this benefit.

If the *Insured Person* is admitted in a room where the *Room Rent* is higher than the limit opted as specified in the *Policy Schedule* then, the charges payable under Section 2.1 (i), (ii), (iii), (iv) & (v) shall be limited to the charges applicable to the opted limit.

**Optional Cover No. 5 Pre-Hospitalisation (Extension / Deletion)**

**Extension** - Coverage for Pre-hospitalisation (2.1.1) under Section 2 stands extended as specified in the *Policy Schedule* for all *Insured Persons* covered under this *Policy*.

**Deletion** - Coverage for Pre-hospitalisation (2.1.1) under Section 2 stands deleted as specified in the *Policy Schedule* for all *Insured Persons* covered under this *Policy*.

**Optional Cover No. 6 Post Hospitalisation (Extension / Deletion)**

**Extension** - Coverage for Post hospitalisation (2.1.2) under Section 2 stands extended as specified in the *Policy Schedule* for all *Insured Persons* covered under this *Policy*.

**Deletion** - Coverage Post hospitalisation (2.1.2) under Section 2 stands deleted as specified in the *Policy Schedule* for all *Insured Persons* covered under this *Policy*.

**Optional Cover No. 7 Domiciliary Treatment (Deletion / Sum Insured Restriction)**

**Deletion** - Coverage Domiciliary Treatment (2.1.4) under Section 2 stands deleted as specified in the *Policy Schedule* for all *Insured Persons* covered under this *Policy.*

**Sum Insured Restriction** – Sum Insured of Domiciliary Treatment (2.1.4) under Section 2 stands restricted upto the amount as specified in the *Policy Schedule* for all *Insured Persons* covered under this *Policy.*

**Optional Cover No. 8 Deletion of Organ Donor**

Coverage Organ Donor (2.1.5) under Section 2 stands deleted for all *Insured Persons* covered under this *Policy*.

**Optional Cover No. 9 Deletion of Family Transportation**

Coverage Family Transportation (2.2) under Section 2 stands deleted for all *Insured Persons* covered under this *Policy*.

**Optional Cover No. 10 Deletion of Emergency Ambulance / Repatriation of Mortal Remains (RMR) / Funeral Expenses**

Coverage Emergency Ambulance / Repatriation of Mortal Remains (RMR) / Funeral Expenses (2.3) under Section 2 stands deleted for all *Insured Persons* covered under this *Policy*.

**Optional Cover No. 11 Waiting Period for Pre-existing Conditions (Reduction / Deletion / Sum Insured Restriction/ Co-pay)**

**Reduction of Waiting Period** – 48 months Waiting Period for "Pre-existing Conditions" (3.3) under Section 3 stands reduced to the duration as specified in the *Policy Schedul*e for all *Insured Persons* covered under this *Policy*.

**Deletion of Waiting Period** – 48 months Waiting Period for "Pre-existing Conditions" (3.3) under Section 3 stands deleted as specified in the *Policy Schedul*e for all *Insured Persons* covered under this *Policy*.

**Sum Insured Restriction** – 48 months Waiting Period for "Pre-existing Conditions" (3.3) under Section 3 stands deleted subject to the sum insured restriction as specified in the *Policy Schedul*e for all claims pertaining to the pre-existing condition and for all *Insured Persons* covered under this *Policy*.

**Co Pay** – 48 months Waiting Period for "Pre-existing Conditions" (3.3) under Section 3 stands deleted subject to the co-pay as specified in the *Policy Schedul*e for all claims pertaining to the pre-existing condition and for all *Insured Persons* covered under this *Policy*.

**Optional Cover No. 12 Waiting Period for Named Ailments (Deletion / Reduction / Co-Pay)**

**Deletion** – 2 Years Waiting Period for "Named Ailments" (3.2) under Section 3 stands deleted as specified in the *Policy Schedul*e for all *Insured Persons* covered under this *Policy*.

**Reduction** – 2 Years Waiting Period for "Named Ailments" (3.2) under Section 3 stands reduced to the duration as specified in the *Policy Schedul*e for all *Insured Persons* covered under this *Policy*.

**Co Pay** – 2 Years Waiting Period for "Named Ailments" (3.2) under Section 3 stands deleted subject to the co-pay as specified in the *Policy Schedul*e for all claims pertaining to the Named Ailments condition and for all *Insured Persons* covered under this *Policy*.

**Optional Cover No. 13 Waiting Period for 30 Days (Deletion / Co-Pay)**

**Deletion** –30 days Waiting Period (3.1) under Section 3 stands deleted as specified in the *Policy Schedul*e for all *Insured Persons* covered under this *Policy*.

**Co Pay** – 30 days Waiting Period (3.1) under Section 3 stands deleted subject to the co-pay as specified in the *Policy Schedul*e for all claims pertaining to 30 days waiting period and for all *Insured Persons* covered under this *Policy*.

**Optional Cover No. 14 External Congenital Disorder (Deletion / Sum Insured Restriction)**

**Deletion** - Exclusion # 4.3.1 under Section 4 – "Exclusions" of the *Policy* stands deleted as specified in the *Policy Schedule* for all *Insured Persons* covered under this *Policy*.

**Sum Insured Restriction** – Exclusion # 4.3.1 under Section 4 stands deleted subject to the sum insured specified in the *Policy Schedul*e for all claims pertaining to the external congenital disorder and for all *Insured Persons* covered under this *Policy*.

**Optional Cover No. 15 Medical Expenses/ Illness/ Surgeries/Procedures – Sub-limits**

*Our* maximum liability to make payment for the *Medical Expenses* incurred during any *Hospitalisation* (including its related Pre-and Post-Hospitalization expenses if applicable) due to the named surgeries/ medical procedures or any medical treatment pertaining to that *Illness*/ *Injury* shall be limited to the amount specified in the *Policy Schedule*.

| **Medical Expenses/ Illness/ Surgeries/Procedures – Sub-limits** | | | |
|---|---|---|---|
| S. No. | **Illness / Surgeries/ Medical Procedures** | **Sum Insured (Min / Max)** | **Availability** |
| 1 | Cataract Per Eye (Including Lens) | ₹ 10,000 - ₹ 50,000 | In multiples of ₹ 10,000 |
| 2 | Deviated nasal Septum | ₹ 15,000 - ₹ 1,00,000 | In multiples of ₹ 10,000 |
| 3 | Total Knee Replacement / Total Hip Replacement (Inc Implants) | ₹ 1.50 - ₹ 2.50 Lacs | In multiples of ₹ 10,000 |
| 4 | Stone in Urinary System | ₹ 10,000 - ₹ 50,000 | In multiples of ₹ 10,000 |
| 5 | All types of Hernia | ₹ 10,000 - ₹ 50,000 | In multiples of ₹ 10,000 |
| 6 | Open / Lap Appendectomy | ₹ 10,000 - ₹ 75,000 | In multiples of ₹ 10,000 |
| 7 | ACL Reconstruction Surgery | ₹ 10,000 - ₹ 1,00,000 | In multiples of ₹ 10,000 |
| 8 | Hysterectomy | ₹ 10,000 - ₹ 50,000 | In multiples of ₹ 10,000 |
| 9 | Fissures/ Piles/ Fistulas | ₹ 10,000 - ₹ 50,000 | In multiples of ₹ 10,000 |
| 10 | Open / Lap Cholecystectomy | ₹ 50,000 - ₹ 1,00,000 | In multiples of ₹ 10,000 |

**Optional Cover No. 16 Franchise**

All admissible claims under this *Policy* is subject to the *Franchise* amount as specified in the *Policy Schedule* for all *Insured Persons* covered under this *Policy*.

*Franchise* shall not apply to following coverages if opted –

i. Hospital Daily Cash
ii. Corporate Floater (Including Critical Illness Floater)
iii. Critical Illness
iv. Recovery Benefit
v. Second Opinion
vi. Top Up Cover
vii. Family Transportation Benefit
viii. Emergency Ambulance / Repatriation of Mortal Remains (RMR) / Funeral expenses

**Optional Cover No. 17 Co-payment**

All admissible claims under this *Policy* is subject to the co-payment as specified in the *Policy Schedule* for all *Insured Persons* covered under this *Policy*.

*Co-Payment* shall not apply to following coverages if opted –

i. Hospital Daily Cash
ii. Corporate Floater (Including Critical Illness Floater)
iii. Critical Illness
iv. Recovery Benefit
v. Second Opinion
vi. Top Up Cover
vii. Family Transportation Benefit
viii. Emergency Ambulance / Repatriation of Mortal Remains (RMR) / Funeral expenses

**Optional Cover No. 18 Deductible**

All admissible claims under this *Policy* is subject to the *Deductible* amount as specified in the *Policy Schedule* for all *Insured Persons* covered under this *Policy*.

*Deductible* shall not apply to following coverages if opted –

i. Hospital Daily Cash
ii. Corporate Floater (Including Critical Illness Floater)
iii. Critical Illness Benefit
iv. Recovery Benefit
v. Second Opinion

vi. Top Up Cover
vii. Family Transportation Benefit
viii. Emergency Ambulance / Repatriation of Mortal Remains (RMR) / Funeral expenses

**Optional Cover No. 19 Maternity Benefit (including pre/post-natal) with / without waiting period**

*We* will reimburse the *Medical Expenses* incurred by *Insured Person* for a Normal / Caesarean Delivery in a *Hospital* during the *Policy Year*, provided that:

**a)** *Medical Expenses* are covered for the delivery of first two living children of the *Insured Person* and/or any Surgical Procedures required to be carried out on the *Insured Person* as a direct result of the delivery.
**b)** A waiting period as mentioned in the *Policy Schedule* shall apply to the *Primary Insured* and his/her Spouse from the date both are covered under the *Policy*.
**c)** A waiting period shall not apply to the *Primary Insured* and his / her Spouse if waiver of waiting period is opted and mentioned in the *Policy Schedule*.
**d)** Policy Exclusion # 4.3.5 under Section 4 – "Exclusion" stands deleted.
**e)** *Medical Expenses* incurred in connection with the lawful medical termination of pregnancy.
**f)** This coverage also includes Pre-natal and post-natal *Medical Expenses*:
  **i)** Coverage of Pre & Post-natal *Medical Expenses* are valid for inpatient / *Outpatient Treatment.*
  **ii)** Pre- and post-natal *Medical Expenses* includes - expenses incurred on antenatal check-ups, doctor's consultations for monitoring of the pregnancy and any complications arising therefrom.
  **iii)** *Medical Expenses* incurred towards pre/ post-natal treatment would be considered within the maternity *Sum Insured* limit.
  **iv)** *Medical Expenses* incurred towards new-born baby in connection with any treatment upto the date of discharge from the *Hospital* would be considered within the maternity *Sum Insured* limit.
  **v)** *Our* maximum liability under this Endorsement will be limited to the sub-limit specified in the *Policy Schedule*.

**Note –**
a. Pre-Natal means the period between conception and birth.
b. Post-Natal means the period beginning immediately after the birth of a child and extending for 60 days.

**Optional Cover No. 20 New Born Cover from Day 1**

If We have accepted your claim under maternity benefit, We will cover the new born baby(ies) of Primary *Insured* Person listed in the *Policy Schedule*, from the date of birth of the baby, provided that:

**a)** Intimation for inclusion of the new-born in to the *Policy* is given to Us within 30 days from the birth of child,

**b)** *Our* maximum liability under this Endorsement for the *New Born Baby* shall be limited to the -

- *Family Floater* sum insured opted by the *Primary Insured* at the inception of the *Policy* Or
- *Sum Insured* as opted at the inception of the *Policy*;

The definition of Dependent in Endorsement No. 1 will stand modified to this extent.

**Optional Cover No. 21 Hospital Daily Cash**

If *We* have accepted a claim under Inpatient Hospitalisation - 2.1, then *We* will pay fixed cash amount for each day in *Hospital*, during the *Policy Year* for treatment of an *Illness* /disease/ *Injury*.

This Benefit shall be payable for a maximum limit of days as specified in the *Policy Schedule*.

**Conditions –**

a. A *Deductible* as specified in the *Policy Schedule* shall apply under this Benefit thus, the benefits shall become payable only after *Hospitalisation* of *Insured Person* exceeds the specified number of days,

b. *We* will pay twice the daily cash amount for each continuous and completed day that the *Insured Person* spends in an *Intensive Care Unit*,

c. In case, insured person spends a day partly in ICU and partly in Non-ICU then we will pay twice the daily cash amount for such day, and

d. *Our* maximum liability will be limited to five (5) days for each hospitalisation.

**Optional Cover No. 22 Corporate Floater - (Including Critical Illness Floater)**

Corporate Buffer i.e. an additional *Sum Insured* as stipulated in the *Policy Schedule* will be available to the Insured which is in addition to the basic *Sum Insured* reflected in the *Policy Schedule* per person/family.

Corporate Buffer as stated in the *Policy Schedule* will be available to the insured for additional payment to the *Insured Person* during the *Policy Year* subject to the limits and conditions specified in the *Policy Schedule*.

**Optional Cover No. 23 Critical Illness Benefit**

*We* will pay the lumpsum amount as specified in the *Policy Schedule* against each Insured Person for the Critical Illness mentioned below, provided that:

**a)** The *Insured Person* is diagnosed as suffering from a Critical Illness during the *Policy Year*; and
**b)** The diagnosed Critical Illness occurs or manifests itself as a first incidence; and
**c)** The *Insured Person* survives at least the number of days specified in the *Policy Schedule* as "survival period" following such *Diagnosis.*
**d)** This benefit is payable once during the *Policy Year*.
**e)** *Our* maximum liability under this Endorsement will be limited to the amount specified in the *Policy Schedule*:

*We* will not make any payment if:

**a)** Any claim with respect to any Critical Illness diagnosed or which manifested prior to *Policy Period* Start Date.
**b)** If any of the listed critical illnesses commence within number of days specified in the *Policy Schedule* as "waiting period" from the date of commencement of the first *Policy*/Certificate of insurance with Us. However, this exclusion shall not apply for the subsequent *Renewals.*
**c)** The *Insured Person* has already made a claim for the same Critical Illness.

**Critical Illness** means following illness as defined below only:

***1) Cancer of Specified Severity***

**i.** A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
**ii.** The following are excluded:
  **i)** All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN 2 and CIN-3;
  **ii)** Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
  **iii)** Malignant melanoma that has not caused invasion beyond the epidermis;
  **iv)** All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;

**v)** All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
**vi)** Chronic lymphocytic leukaemia less than RAI stage 3;
**vii)** Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification;
**viii)** All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
**ix)** All tumours in the presence of HIV infection.

***2) <u>Myocardial Infarction (First Heart Attack- Of Specified Severity):</u>***

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The *Diagnosis* for Myocardial Infarction should be evidenced by all of the following criteria –

b. A history of typical clinical symptoms consistent with the *Diagnosis* of acute myocardial infarction (For e.g. typical chest pain)
c. New characteristic electrocardiogram changes
d. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

a. Other acute Coronary Syndromes
b. Any type of angina pectoris
c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

***3) <u>Open Chest CABG:</u>***

The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

The following are excluded

1. Angioplasty and/or any other intra-arterial procedures

***4) Open Heart Replacement or Repair of Heart Valves:***

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

***5) Kidney Failure Requiring Regular Dialysis*:**

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (haemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. *Diagnosis* has to be confirmed by a specialist *Medical Practitioner*.

***6) Stroke resulting in Permanent Symptoms*:**

**I.** Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. *Diagnosis* has to be confirmed by a specialist *Medical Practitioner* and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

**II.** The following are excluded:
i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

***7) Major Organ / Bone Marrow Transplantation*:**

**I.** The actual undergoing of a transplant of:
- **a.** One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- **b.** Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist *Medical Practitioner*.

**II**. The following are excluded:
- **a.** Other stem-cell transplants
- **b.** Where only islets of langerhans are transplanted

***8) Permanent Paralysis of Limbs:***

Total and irreversible loss of use of two or more limbs as a result of *Injury* or disease of the brain or spinal cord. A specialist *Medical Practitioner* must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than three (3) months.

***9) Multiple Sclerosis with Persisting Symptoms*:**

**I.** The unequivocal *Diagnosis* of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
   **a.** investigations including typical MRI findings which unequivocally confirm the *Diagnosis* to be multiple sclerosis and
   **b.** there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

**II.** Other causes of neurological damage such as SLE and HIV are excluded.

***10)* Third Degree Burns:**

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The *Diagnosis* must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

**Special Condition:**

*We* will pay for only one critical illness out of each of the three groups mentioned below during the *Policy Period*.

**Group 1**

**1.** Myocardial Infarction (First Heart Attack- Of Specified Severity
**2.** Open Chest CABG
**3.** Open Heart Replacement or Repair of Heart Valves

**Group 2**

**1.** Stroke resulting in Permanent Symptoms
**2.** Permanent Paralysis of Limbs

**Group 3**

**1.** Major Organ / Bone Marrow Transplantation
**2.** Kidney Failure Requiring Regular Dialysis
**3.** Cancer of specified severity

**Optional Cover No. 24 Out Patient Dental Benefit**

*We* will reimburse the cost of out Patient *Dental Treatment* from a dentist during the *Policy Year*. Exclusion # 4.3.2 under Section 4 "General Exclusions" stands deleted for all *Insured Person*s to this extent, provided that:

**i)** *We* will only pay for X-rays, extractions, amalgam or composite fillings, root canal treatments and prescribed drugs for the same, and

**ii)** *We* will not pay for any *Dental Treatment* that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for the temporomandibular (jaw) joint, or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer, and

**iii)** *Our* maximum liability under this Endorsement will be limited to the sub-limit specified in the *Policy Schedule*.

**iv)** Every Claim will be subject to a *Deductible* specified in the *Policy Schedule*.

**Optional Cover No. 25 Out-patient Treatment Costs**

*We* will reimburse following *Outpatient Treatment* for the *Insured Person* during the *policy Year* -

1. Out Patient Consultations / procedures (except for *Dental Treatment*) from the registered *Medical Practitioner* / Specialist
2. Out Patient Diagnostic Tests
3. Pharmacy Medicines purchased from a pharmacy provided that such medicines have been prescribed by the treating registered *Medical Practitioner*.

*Our* maximum liability for reimbursement of expenses will be limited to the amount specified in the *Policy Schedule* during the entire *Policy Year*.

Every Claim will be subject to a *Deductible* specified in the *Policy Schedule*.

**Optional Cover No. 26 Health Check-up Benefit**

*We* will reimburse the reasonable costs of health check-up in respect of eligible *Insured Person*s who is 18 years or above, at any of the diagnostic centres including *Our* empanelled centres, provided that:

**a)** The Health Check-up is undertaken within the *Policy Year*, and

**b)** *Our* maximum liability under this Endorsement will be limited to the sub-limit specified in the *Policy Schedule.*

**Optional Cover No. 27 External Aids and Appliances**

If the attending *Medical Practitioner* recommends that the *Insured Person* requires External Aids and Appliances, then *We* will reimburse the costs of the same and Exclusion # 4.3.3 (b) & (c) stands deleted to the extent mentioned below for all *Insured Persons*.

**a)** For the purposes of this Endorsement, External Aids and Appliances means – Walking Aids ; BIPAP Machine; Commode; Continuous Positive Airway Pressure (CPAP) / Continuous Ambulatory Peritoneal Dialysis (CAPD) Equipments; Infusion Pump; Oxygen Cylinder; Pulseoxymeter; Spacer; Spirometer; SPO2 Probe; Nebulizer Kit; Steam Inhaler; Arm sling; Walkers; Crutches; Caps ; Stockings of any kind ; any artificial limb; Thermometer; Cervical Collar; Splint; Diabetic Foot Wear; Knee Braces; Knee Immobilizer; Lumbo Sacral Belt; Nimbus Bed or Water Bed or Air Bed; Ambulance Collar; Ambulance Equipment; Microshield; Abdominal binder; hearing Aids; cochlear implants ; and spectacles / contact lenses.

**b)** Coverage is applicable if claim under Inpatient Hospitalisation - 2.1 is accepted by Us;

**c)** *Our* maximum liability under this Endorsement will be limited to the sub-limit specified in the *Policy Schedule*.

**Optional Cover No. 28 Ayush Benefit**

*We* will cover the *Medical Expenses* incurred on In-patient hospitalisation (2.1) up to the *Policy* Sum Insured for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatment taken in:

**a)** A government hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health.
**b)** Teaching hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH).
**c)** AYUSH Hospitals having a registration with a Government authority under the appropriate Act in the State/UT and complies with the following as minimum criteria:
  **i)** Has at least 15 in-patient beds
  **ii)** Has minimum five qualified and registered AYUSH doctors
  **iii)** Has qualified paramedical staff under its employment round the clock
  **iv)** Has dedicated AYUSH therapy sections
  **v)** Maintains daily records of patients and makes these accessible to the insurance company's authorised personnel

**Note –**

**(1)** Exclusion # 4.3.4 under Section 4 "General Exclusions" stands deleted for all Insured Persons covered under this *Policy*.
**(2)** *Our* maximum liability under this Endorsement will be limited to the sub-limit specified in the *Policy Schedule*.

**Optional Cover No. 29 Recovery Benefit**

In case the *Insured Person* is consecutively *Hospitalized* for the number of days or more as specified in the *Policy Schedule* for the treatment of any disease / *Illness* / *Injury* for which a valid claim is admissible under the *Policy*, *We* will pay to the *Insured Person* a fixed amount as specified in the *Policy Schedule*/ certificate of insurance . This benefit is payable only once during the *Policy Year*.

**Optional Cover No. 30 Counselling**

If *Insured Person* sustains any *Illness* / disease / *Injury* during the *Policy Year* for which a valid claim is admissible under the *Policy* and treating *Medical Practitioner* advises for counselling related to diet / lifestyle changes / psychological upliftment, then *We* will reimburse the counselling session cost upto the sub-limit specified in the *Policy Schedule* / certificate of insurance.

**Optional Cover No. 31 Home Nursing allowance**

*We* will reimburse the expenses up to the limits as stated in the *Policy Schedule* /certificate of insurance for the services of a registered *Qualified Nurse* attending to the *Insured Person* at the *Insured Person's* home immediately following his discharge from *Hospital*, provided that:

**a)** the *Medical Practitioner* treating the *Insured Person* recommends the provision of such care for medical reasons, and
**b)** *We* have accepted an inpatient Hospitalisation claim under coverage – 2.1, and
**c)** *Our* maximum liability will be limited to the sub-limit specified in the *Policy Schedule.*
**d)** *Qualified Nurse* should not be the *Insured Person* or his/her Immediate Family Member or anyone who is living in the same household as the *Insured Person*.

**Optional Cover No. 32 Second Opinion**

If the *Insured Person* is diagnosed with any specified critical *Illness* listed under Endorsement No. 23 or has to undergo any *Surgery* or *Surgical Procedure* during the *Policy Year* then at the *Insured Person's* request, *We* will arrange the second opinion from a *Medical Practitioner* selected by the *Insured Person* from *Our* Service Provider's panel. This coverage is subject to -

**a.** The Second Medical Opinion will be based only on the information and documentation provided by the *Insured Person* that will be shared with the *Medical Practitioner*.
**b.** This benefit can be availed only once by an *Insured Person* during a *Policy Year* for the same *Illness*.
**c.** *Insured Person* is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it.
**d.** Under this Benefit, *We* are only providing the *Insured Person* with access to an E-opinion and *We* shall not be deemed to substitute the *Insured Person's* visit or consultation to an independent *Medical Practitioner*.
**e.** The opinion provided under this Benefit shall be limited to the covered Illnesses and not be valid for any medico legal purposes

**f.** *We* do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the *Medical Practitioner.*

**Service Provider** - means any person, clinic, organization or institution that has been empanelled with Us to provide Second Opinion.

**Optional Cover No. 33 Top Up Cover**

If the *Insured Person* suffers an *Illness* or *Accident* during the *Policy Year* requiring *Hospitalisation* on an inpatient basis or treatment defined as a Day Care Procedure, and cumulative Hospitalisation Expenses during the *Policy Year* exceeds the *Deductible* (Base Sum Insured) specified in the *Policy Schedule*, *We* will reimburse the portion of the *Medical Expenses* for such Hospitalisation or any subsequent Hospitalisation which exceeds the *Deductible* (Base Sum Insured). Claim shall be payable only if the treatment claimed is within the scope of the *Policy* subject to terms, conditions, exclusions and limitations. *We* shall in no case be liable to pay more than the *Sum Insured* specified in the *Policy Schedule*/ certificate of insurance.

## II. Day Care Procedures

| Sr. No | System | Procedure |
|---|---|---|
| **1** | **ENT** | Adenoidectomy with Grommet insertion |
| **2** | | Adenoidectomy without Grommet insertion |
| **3** | | Conchoplasty |
| **4** | | Endolymphatic Sac Surgery for Meniere's Disease |
| **5** | | Excision and destruction of lingual tonsils |
| **6** | | Excision of Angioma Septum |
| **7** | | Fenestration of the inner ear |
| **8** | | Incision & Drainage of Pharyngeal Abscess |
| **9** | | Incision and drainage - Hematoma Auricle |
| **10** | | Incision and drainage of perichondritis |
| **11** | | Labyrinthectomy for severe Vertigo |
| **12** | | Myringoplasty |
| **13** | | Myringotomy with Grommet Insertion |
| **14** | | Ossiculoplasty |
| **15** | | Palatoplasty |
| **16** | | Pseudocyst of the Pinna - Excision |
| **17** | | Reduction of fracture of Nasal Bone |
| **18** | | Removal of Tympanic Drain under LA |
| **19** | | Septoplasty |
| **20** | | Stapedectomy under GA |
| **21** | | Stapedectomy under LA |
| **22** | | Stapedotomy |
| **23** | | Thyroplasty Type I |
| **24** | | Tonsillectomy with adenoidectomy |
| **25** | | Tonsillectomy without adenoidectomy |
| **26** | | Tracheoplasty |
| **27** | | Tracheostomy |
| **28** | | Transoral incision and drainage of a pharyngeal abscess |
| **29** | | Turbinectomy |
| **30** | | Turbinoplasty |
| **31** | | Tympanoplasty |
| **32** | | Uvulo Palato Pharyngo Plasty |
| **33** | | Vestibular Nerve section |
| **34** | | Vocal Cord lateralisation Procedure |
| **35** | | Mastoidectomy |

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|---|---|---|
| **36** | **Ophthalmology** | Biopsy of tear gland |
| **37** | | Corrective surgery of blepharoptosis |
| **38** | | Corrective surgery of the entropion and ectropion |
| **39** | | Excision and destruction of the diseased tissue of the eyelid |
| **40** | | Incision of diseased eyelids |
| **41** | | Incision of tear glands |
| **42** | | Incision of the cornea |
| **43** | | Operation on the canthus and epicanthus |
| **44** | | Operations for pterygium |
| **45** | | Removal of foreign body from eye |
| **46** | | Surgery for cataract |
| **47** | | Treatment of retinal lesion |
| **48** | | Other operation on the tear ducts |
| **49** | | Other operations on the cornea |
| **50** | | Enucleation of Eye Without Implant |
| **51** | | Dacryocystorhinostomy for Various Lesions of Lacrimal Gland |
| **52** | **Oncology** | 2D Radiotherapy |
| **53** | | 3D Brachytherapy |
| **54** | | 3D Conformal Radiotherapy |
| **55** | | Adjuvant chemotherapy |
| **56** | | Adjuvant Radiotherapy |
| **57** | | Afterloading Catheter Brachytherapy |
| **58** | | CCRT-Concurrent Chemo + RT |
| **59** | | Conditioning Radiothearpy for BMT |
| **60** | | Consolidation chemotherapy |
| **61** | | Continuous Infusional Chemotherapy |
| **62** | | Electron Therapy |
| **63** | | External mould Brachytherapy |
| **64** | | Extracorporeal Irradiation of Blood Products |
| **65** | | Extracorporeal Irradiation to the Homologous Bone grafts |
| **66** | | FSRT-Fractionated SRT |
| **67** | | Gamma knife SRS |
| **68** | | HBI-Hemibody Radiotherapy |
| **69** | | HDR Brachytherapy |
| **70** | | Helical Tomotherapy |
| **71** | | IGRT- Image Guided Radiotherapy |
| **72** | | Implant Brachytherapy |
| **73** | | IMRT- DMLC |

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|---|---|---|
| **74** | | IMRT- Step & Shoot |
| **75** | | Induction chemotherapy |
| **76** | | Infusional Bisphosphonates |
| **77** | | Infusional Chemotherapy |
| **78** | | Infusional Targeted therapy |
| **79** | | Interstitial Brachytherapy |
| **80** | | Intracavity Brachytherapy |
| **81** | | intraluminal Brachytherapy |
| **82** | | Intravesical Brachytherapy |
| **83** | | IV Push Chemotherapy |
| **84** | | LDR Brachytherapy |
| **85** | | Maintenance chemotherapy |
| **86** | | Neoadjuvant chemotherapy |
| **87** | | Neoadjuvant radiotherapy |
| **88** | | Palliative chemotherapy |
| **89** | | Palliative Radiotherapy |
| **90** | | Radical chemotherapy |
| **91** | | Radical Radiotherapy |
| **92** | | Rotational Arc Therapy |
| **93** | | SBRT-Stereotactic Body Radiotherapy |
| **94** | | SC administration of Growth Factors |
| **95** | | SRS-Stereotactic Radiosurgery |
| **96** | | SRT-Stereotactic Arc Therapy |
| **97** | | TBI- Total Body Radiotherapy |
| **98** | | Tele gamma therapy |
| **99** | | Telecesium Therapy |
| **100** | | Telecobalt Therapy |
| **101** | | Template Brachytherapy |
| **102** | | TSET-Total Electron Skin Therapy |
| **103** | | VMAT-Volumetric Modulated Arc Therapy |
| **104** | | X-Knife SRS |
| **105** | **Plastic Surgery** | Breast reconstruction surgery after mastectomy |
| **106** | | Construction skin pedicle flap |
| **107** | | Fibro myocutaneous flap |
| **108** | | Gluteal pressure ulcer-Excision |
| **109** | | Muscle-skin graft duct fistula |
| **110** | | Muscle-skin graft, leg |
| **111** | | Myocutaneous flap |

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|---|---|---|
| **112** | | Plastic surgery to the floor of the mouth under GA |
| **113** | | Removal cartilage graft |
| **114** | | Removal of bone for graft |
| **115** | | Sling operation for facial palsy |
| **116** | | Split Skin Grafting under RA |
| **117** | | Wolfe skin graft |
| **118** | **Urology** | Anderson hynes operation |
| **119** | | AV fistula - wrist |
| **120** | | Bladder Neck Incision |
| **121** | | Cystoscopic Litholapaxy |
| **122** | | Cystoscopy & Biopsy |
| **123** | | Cystoscopy and "SLING" procedure. |
| **124** | | Cystoscopy and removal of FB |
| **125** | | Cystoscopy and removal of polyp |
| **126** | | Drainage of prostate abscess |
| **127** | | ESWL |
| **128** | | Excision of urethral diverticulum |
| **129** | | Excision of urethral prolapse |
| **130** | | Frenular tear repair |
| **131** | | Haemodialysis |
| **132** | | injury prepuce- circumcision |
| **133** | | Kidney endoscopy and biopsy |
| **134** | | Meatotomy for meatal stenosis |
| **135** | | Mega-ureter reconstruction |
| **136** | | Orchiectomy |
| **137** | | Paraphimosis surgery |
| **138** | | Percutaneous nephrostomy |
| **139** | | Removal of urethral Stone |
| **140** | | Repair of penile torsion |
| **141** | | Suprapubic cystostomy |
| **142** | | Surgery filarial scrotum |
| **143** | | Surgery for fournier's gangrene scrotum |
| **144** | | Surgery for pelvi ureteric junction obstruction |
| **145** | | Surgery for watering can perineum |
| **146** | | TUNA- prostate |
| **147** | | Ureter endoscopy and treatment |
| **148** | | URSL with lithotripsy |
| **149** | | URSL with stenting |

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| **150** | | Vesico ureteric reflux correction |
| **151** | **Neurology** | Diagnostic cerebral angiography |
| **152** | | Entrapment neuropathy Release |
| **153** | | Epidural steroid injection |
| **154** | | Facial nerve physiotherapy |
| **155** | | Glycerol rhizotomy |
| **156** | | Intrathecal Baclofen therapy |
| **157** | | Motor cortex stimulation |
| **158** | | Muscle biopsy |
| **159** | | Nerve biopsy |
| **160** | | Percutaneous Cordotomy |
| **161** | | Spinal cord stimulation |
| **162** | | Stereotactic Radiosurgery |
| **163** | | Ventriculoatrial shunt |
| **164** | | VP shunt |
| **165** | **Thoracic Surgery** | Brochoscopic treatment of bleeding lesion |
| **166** | | Brochoscopic treatment of fistula / stenting |
| **167** | | Bronchoalveolar lavage & biopsy |
| **168** | | Coronary Angiography |
| **169** | | Direct Laryngoscopy with biopsy |
| **170** | | EBUS + Biopsy |
| **171** | | Endoscopic thoracic sympathectomy |
| **172** | | Laser Ablation of Barrett's oesophagus |
| **173** | | Pleurodesis |
| **174** | | Thoracoscopy and Lung Biopsy |
| **175** | | Thoracoscopy and pleural biopsy |
| **176** | | Thoracoscopy assisted empyema drainage |
| **177** | | Thoracoscopy ligation thoracic duct |
| **178** | **Gastroenterology** | Colonoscopy ,lesion removal |
| **179** | | Colonoscopy stenting of stricture |
| **180** | | Construction of gastrostomy tube |
| **181** | | ERCP |
| **182** | | ERCP + placement of biliary stents |
| **183** | | ERCP and choledochoscopy |
| **184** | | ERCP and papillotomy |
| **185** | | ERCP and sphincterotomy |
| **186** | | Esophageal stent placement |
| **187** | | Esophagoscope and sclerosant injection |

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| **188** | | EUS + aspiration pancreatic cyst |
| **189** | | EUS + coeliac node biopsy |
| **190** | | EUS + submucosal resection |
| **191** | | EUS and pancreatic pseudo cyst drainage |
| **192** | | Pancreatic pseudocyst EUS & drainage |
| **193** | | Percutaneous Endoscopic Gastrostomy |
| **194** | | Proctosigmoidoscopy volvulus detorsion |
| **195** | | RF ablation for barrett's Esophagus |
| **196** | | Sigmoidoscopy |
| **197** | | Small bowel endoscopy (therapeutic) |
| **198** | **General Surgery** | Abscess-Decompression |
| **199** | | Axillary lymphadenectomy |
| **200** | | Breast abscess I& D |
| **201** | | Cervical lymphadenectomy |
| **202** | | Circumcision for Trauma |
| **203** | | Colonoscopy |
| **204** | | Colostomy |
| **205** | | colostomy closure |
| **206** | | Drainage of pyelonephrosis / perinephric abscess |
| **207** | | Epididymectomy |
| **208** | | ERCP - Bile duct stone removal |
| **209** | | ERCP - pancreatic duct stone removal |
| **210** | | Esophageal Growth stent |
| **211** | | Eversion of Sac |
| **212** | | Excision of Cervical RIB |
| **213** | | Excision of Ranula under GA |
| **214** | | Feeding Gastrostomy |
| **215** | | Feeding Jejunostomy |
| **216** | | Fibroadenoma breast excision |
| **217** | | Fissure in Ano- fissurectomy |
| **218** | | Fissure in ano sphincterotomy |
| **219** | | Glossectomy |
| **220** | | Surgical treatment of Hydrocele |
| **221** | | Ileostomy |
| **222** | | Ileostomy closure |
| **223** | | Incision and drainage of Abscess |
| **224** | | Incision of a pilonidal sinus / abscess |
| **225** | | Infected keloid excision |

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| **226** | | Infected lipoma excision |
| **227** | | Infected sebaceous cyst |
| **228** | | Inguinal lymphadenectomy |
| **229** | | Intersphincteric abscess incision and drainage |
| **230** | | Jaboulay's Procedure |
| **231** | | Laparoscopic cardiomyotomy (Hellers) |
| **232** | | Laparoscopic pyloromyotomy (Ramstedt) |
| **233** | | Laparoscopicreduction of intussusception |
| **234** | | Liver Abscess- catheter drainage |
| **235** | | Lord's plication |
| **236** | | Maximal anal dilatation |
| **237** | | Meatoplasty |
| **238** | | Microdochectomy breast |
| **239** | | Oesophageal varices Sclerotherapy |
| **240** | | Oesophagoscopy and biopsy of growth oesophagus |
| **241** | | PAIR Procedure of Hydatid Cyst liver |
| **242** | | Pancreatic Pseudocysts Endoscopic Drainage |
| **243** | | Parastomal hernia |
| **244** | | Perianal abscess I&D |
| **245** | | Perianal hematoma Evacuation |
| **246** | | Photodynamic therapy or esophageal tumour and Lung tumour |
| **247** | | Piles |
| **248** | | Pneumatic reduction of intussusception |
| **249** | | Polypectomy colon |
| **250** | | Prolapsed colostomy- Correction |
| **251** | | Psoas Abscess Incision and Drainage |
| **252** | | Resection of Salivary Gland |
| **253** | | Rigid Oesophagoscopy for dilation of benign Strictures |
| **254** | | Rigid Oesophagoscopy for FB removal |
| **255** | | Rigid Oesophagoscopy for Plummer vinson syndrome |
| **256** | | Scalp Suturing |
| **257** | | Scrotoplasty |
| **258** | | Sentinel node biopsy |
| **259** | | Sentinel node biopsy malignant melanoma |
| **260** | | Splenic abscesses Laparoscopic Drainage |
| **261** | | Subcutaneous mastectomy |
| **262** | | Submandibular salivary duct stone removal |
| **263** | | Surgery for fracture Penis |

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| **264** | | Surgical treatment of varicocele |
| **265** | | Suturing of lacerations |
| **266** | | Testicular biopsy |
| **267** | | Thyroid abscess Incision and Drainage |
| **268** | | TIPS procedure for portal hypertension |
| **269** | | Tru cut liver biopsy |
| **270** | | UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers |
| **271** | | UGI scopy and Polypectomy oesophagus |
| **272** | | UGI Scopy and Polypectomy stomach |
| **273** | | Varicose veins legs - Injection sclerotherapy |
| **274** | | Wound debridement and Cover |
| **275** | | ZADEK's Nail bed excision |
| **276** | **Orthopedic** | Abscess knee joint drainage |
| **277** | | Amputation follow-up surgery |
| **278** | | Amputation of metacarpal bone |
| **279** | | Arthroplasty |
| **280** | | Arthroscopic Meniscle repiar |
| **281** | | Arthroscopic Repair of ACL tear knee |
| **282** | | Arthroscopic repair of PCL tear knee |
| **283** | | Arthroscopic Shoulder surgery |
| **284** | | Arthrotomy Hip joint |
| **285** | | Aspiration of Hematoma |
| **286** | | Biopsy elbow joint lining |
| **287** | | Biopsy finger joint lining |
| **288** | | Calcaneum spur hydrocort injection |
| **289** | | Carpal tunnel release |
| **290** | | Closed reduction and external fixation |
| **291** | | Closed reduction of dislocation / Fracture |
| **292** | | Decompress forearm space |
| **293** | | Elbow arthroscopy |
| **294** | | Excision of dupuytren's contracture |
| **295** | | Excision of various lesions in Coccyx |
| **296** | | Exploration of ankle joint |
| **297** | | Fixation of knee joint |
| **298** | | Ganglion wrist hyalase injection |
| **299** | | Haemarthrosis knee- lavage |
| **300** | | Implant removal minor |
| **301** | | Incision of foot fascia |

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| **302** | | Intra articular steroid injection |
| **303** | | Joint Aspiration - Diagnostic / Theraputic |
| **304** | | K wire removal |
| **305** | | Lengthening of hand tendon |
| **306** | | Lengthening of thigh tendons |
| **307** | | ORIF with K wire fixation- small bones |
| **308** | | ORIF with plating- Small long bones |
| **309** | | Partial removal of metatarsal |
| **310** | | Partial removal of rib |
| **311** | | POP application under GA |
| **312** | | Release of midfoot joint |
| **313** | | Release of thumb contracture |
| **314** | | Removal of elbow bursa |
| **315** | | Removal of fracture pins/ nails |
| **316** | | Removal of knee cap bursa |
| **317** | | Removal of tumor of arm/ elbow under RA/GA |
| **318** | | Removal of wrist prosthesis |
| **319** | | Remove/graft bone lesion |
| **320** | | Repair of knee joint |
| **321** | | Repair of ruptured tendon |
| **322** | | Revision of neck muscle ( Torticollis release ) |
| **323** | | Revision/Removal of Knee cap |
| **324** | | Surgery of bunion |
| **325** | | Syme's amputation |
| **326** | | Tendon lengthening |
| **327** | | Tendon shortening |
| **328** | | Tendon transfer procedure |
| **329** | | Tennis elbow release |
| **330** | | Treatment fracture of radius & ulna |
| **331** | | Treatment of clavicle dislocation |
| **332** | | Treatment of foot dislocation |
| **333** | | Treatment of fracture of ulna |
| **334** | | Treatment of scapula fracture |
| **335** | | Treatment of sesamoid bone fracture |
| **336** | | Treatment of shoulder dislocation |
| **337** | | Excision of any other bursitis |
| **338** | **Paediatric surgery** | Cystic hygroma - Injection treatment |
| **339** | | Detorsion of torsion Testis |

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| **340** | | Dilatation of accidental caustic stricture oesophageal |
| **341** | | EUA + biopsy multiple fistula in ano |
| **342** | | Excision Juvenile polyps rectum |
| **343** | | Excision of cervical teratoma |
| **344** | | Excision of fistula-in-ano |
| **345** | | Excision of soft tissue rhabdomyosarcoma |
| **346** | | Excision Sigmoid Polyp |
| **347** | | High Orchidectomy for testis tumours |
| **348** | | Infantile Hypertrophic Pyloric Stenosis pyloromyotomy |
| **349** | | lap.Abdominal exploration in cryptorchidism |
| **350** | | Mediastinal lymph node biopsy |
| **351** | | Orchidopexy for undescended testis |
| **352** | | Presacral Teratomas Excision |
| **353** | | Rectal prolapse (Delorme's procedure) |
| **354** | | Rectal-Myomectomy |
| **355** | | Removal of vesical stone |
| **356** | | Sternomastoid Tenotomy |
| **357** | | Vaginoplasty |
| **358** | **Gynaecology** | Bartholin Cyst excision |
| **359** | | Conization |
| **360** | | Cryocauterisation of Cervix |
| **361** | | Dilatation and Curettage |
| **362** | | Endometrial ablation |
| **363** | | Hymenectomy (imperforate Hymen) |
| **364** | | Hysteroscopic adhesiolysis |
| **365** | | Hysteroscopic removal of myoma |
| **366** | | Hysteroscopic resection of endometrial polyp |
| **367** | | Hysteroscopic resection of fibroid |
| **368** | | Hysteroscopic resection of septum |
| **369** | | Laparoscopic cystectomy |
| **370** | | Laparoscopic Myomectomy |
| **371** | | Laparoscopic oophorectomy |
| **372** | | Laparoscopic cyst excision |
| **373** | | Large loop excision of the transformation zone |
| **374** | | Loop Electrosurgical excision procedure |
| **375** | | MIRENA insertion for therapeutic use |
| **376** | | Pelvic floor repair( excluding Fistula repair) |
| **377** | | Polypectomy |

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| **378** | | Repair of vagina (vaginal atresia ) |
| **379** | | Repair recto- vagina fistula |
| **380** | | Surgery for Stress Urinary Incontinence |
| **381** | | Thermal Cauterisation of Cervix |
| **382** | | Transurethral Resection of Bladder Tumour |
| **383** | | Ureterocoele repair - congenital internal |
| **384** | | Uterine artery embolization |
| **385** | | Vaginal mesh For POP |
| **386** | | Vaginal wall cyst excision |
| **387** | | Vulval cyst Excision |
| **388** | | Vulval wart excision |
| **389** | **Dental** | FNAC |
| **390** | | Oral biopsy in case of abnormal tissue presentation |
| **391** | | Splinting of avulsed teeth |
| **392** | | Suturing lacerated lip |
| **393** | | Suturing oral mucosa |

**Note:**

1. The above list is exhaustive. Any addition / deletion in this list shall be subject to IRDAI's approval.
2. The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures.

## III. Non-Medical Expenses

| SR NO | ITEMS | Payable /Non-Payable |
|---|---|---|
| I | TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS/SIMILAR EXPENSES | |
| 1 | HAIR REMOVAL CREAM | Payable - for site preparation |
| 2 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | Not Payable |
| 3 | BABY FOOD | Not Payable |
| 4 | BABY UTILITES CHARGES | Not Payable |
| 5 | BABY SET | Not Payable |
| 6 | BABY BOTTLES | Not Payable |
| 7 | BRUSH | Not Payable |
| 8 | COSY TOWEL | Not Payable |
| 9 | HAND WASH | Not Payable |
| 10 | MOISTURISER PASTE BRUSH | Not Payable |
| 11 | POWDER | Not Payable |
| 12 | RAZOR | Payable |
| 13 | SHOE COVER | Not Payable |
| 14 | BEAUTY SERVICES | Not Payable |
| 15 | BELTS/ BRACES | Payable for 1 (Qty) only in surgical cases of Thoracic or Lumbar Spine |
| 16 | BUDS | Not Payable |
| 17 | BARBER CHARGES | Not Payable |
| 18 | CAPS | Not Payable |
| 19 | COLD PACK/HOT PACK | Not Payable |
| 20 | CARRY BAGS | Not Payable |
| 21 | CRADLE CHARGES | Not Payable |
| 22 | COMB | Not Payable |
| 23 | DISPOSABLES RAZORS CHARGES (for site preparations) | Payable |
| 24 | EAU-DE-COLOGNE / ROOM FRESHNERS | Not Payable |
| 25 | EYE PAD | Payable |
| 26 | EYE SHEILD | Payable |
| 27 | EMAIL / INTERNET CHARGES | Not Payable |
| 28 | FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) | Not Payable |
| 29 | FOOT COVER | Not Payable |
| 30 | GOWN | Only sterile gown is payable in surgical cases, otherwise not payable |
| 31 | LEGGINGS | Payable in cases of Varicose Veins and DVT if the claim is payable as per the Policy |
| 32 | LAUNDRY CHARGES | Not Payable |
| 33 | MINERAL WATER | Not Payable |

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| 34 | OIL CHARGES | Not Payable |
| 35 | SANITARY PAD | Not Payable |
| 36 | SLIPPERS | Not Payable |
| 37 | TELEPHONE CHARGES | Not Payable |
| 38 | TISSUE PAPER | Not Payable |
| 39 | TOOTH PASTE | Not Payable |
| 40 | TOOTH BRUSH | Not Payable |
| 41 | GUEST SERVICES | Not Payable |
| 42 | BED PAN | Not Payable |
| 43 | BED UNDER PAD CHARGES | Not Payable |
| 44 | CAMERA COVER | Not Payable |
| 45 | CLINIPLAST | Not Payable |
| 46 | CREPE BANDAGE | Not Payable |
| 47 | CURAPORE | Not Payable |
| 48 | DIAPER OF ANY TYPE | Not Payable |
| 49 | DVD, CD CHARGES | Not Payable |
| 50 | EYELET COLLAR | Not Payable |
| 51 | FACE MASK | Not Payable |
| 52 | FLEXI MASK | Payable |
| 53 | GAUSE SOFT | Not Payable |
| 54 | GAUZE | Not Payable |
| 55 | HAND HOLDER | Not Payable |
| 56 | HANSAPLAST/ ADHESIVE BANDAGES | Not Payable |
| 57 | INFANT FOOD | Not Payable |
| 58 | SLINGS | Payable for 1 (Qty) only for Fracture of upper arm cases |
| 59 | WEIGHT CONTROL PROGRAMS / SUPPLIES / SERVICES | Not payable, unless specified in policy |
| 60 | COST OF SPECTACLES / CONTACT LENSES / HEARING AIDS ETC | Not payable, unless specified in policy |
| 61 | HOME VISIT CHARGES | Not payable, unless specified in policy |
| 62 | DONOR SCREENING CHARGES | Not Payable |
| 63 | ADMISSION / REGISTRATION CHARGES | Not Payable |
| 64 | HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE | Not Payable |
| 65 | EXPENSES FOR INVESTIGATION / TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED | Not Payable |
| 66 | WARD AND THEATRE BOOKING CHARGES | Payable under OT Charges |
| 67 | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS | Payable under OT Charges |
| 68 | MICROSCOPE COVER | Payable under OT Charges |

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| 69 | SURGICAL BLADES, HARMONIC SCALPEL, SHAVER | Payable under OT Charges |
| 70 | SURGICAL DRILL | Payable under OT Charges |
| 71 | EYE KIT | Payable under OT Charges |
| 72 | EYE DRAPE | Payable |
| 73 | X-RAY FILM | Payable under Radiology Charges |
| 74 | SPUTUM CUP | Payable under Investigation Charges, not as consumable |
| 75 | BOYLES APPARATUS CHARGES | Payable under OT Charges |
| 76 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | Part of Cost of Blood, not payable |
| 77 | ANTISEPTIC OR DISINFECTANT LOTIONS | Not Payable - Part of Dressing charges |
| 78 | BAND AIDS, BANDAGES, STERLILE INJECTIONS, NEEDLES, SYRINGES | Not Payable - Part of Dressing charges |
| 79 | COTTON | Not Payable - Part of Dressing charges |
| 80 | COTTON BANDAGE | Not Payable - Part of Dressing charges |
| 81 | MICROPORE / SURGICAL TAPE | Not Payable - Part of Dressing charges |
| 82 | BLADE | Not Payable |
| 83 | APRON | Not Payable - Part of Hospital Services/ Disposable linen to be part of OT/ICU charges |
| 84 | TORNIQUET | Not Payable (service Is Charged by Hospitals Consumables Cannot Be Separately Charged) |
| 85 | ORTHOBUNDLE, GYNAEC BUNDLE | Not Payable - Part of Dressing charges |
| 86 | URINE CONTAINER | Not Payable |
| **II** | **ELEMENTS OF ROOM CHARGE** | |
| 87 | LUXURY TAX | Part of Room charge not payable separately |
| 88 | HVAC | Part of Room charge not payable separately |
| 89 | HOUSE KEEPING CHARGES | Part of Room charge not payable separately |
| 90 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED | Part of Room charge not payable separately |
| 91 | TELEVISION AND AIR CONDITIONER CHARGES | Payable under Room charges |
| 92 | SURCHARGES | Part of Room charge not payable separately |
| 93 | ATTENDANT CHARGES | Not Payable - Part of Room charges |
| 94 | IM IV INJECTION CHARGES | Part of Nursing charges, not payable seperately |
| 95 | CLEAN SHEET | Part of Laundry/ Housekeeping not payable separately |
| 96 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | Patient Diet provided by hospital is payable |
| 97 | BLANKET / WARMER BLANKET | Not Payable - Part of Room charges |

| III | ADMINISTRATIVE OR NON-MEDICAL CHARGES | |
|---|---|---|
| 98 | ADMISSION KIT | Not Payable |
| 99 | BIRTH CERTIFICATE | Not Payable |
| 100 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | Not Payable |
| 101 | CERTIFICATE CHARGES | Not Payable |
| 102 | COURIER CHARGES | Not Payable |
| 103 | CONVENYANCE CHARGES | Not Payable |
| 104 | DIABETIC CHART CHARGES | Not Payable |
| 105 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES | Not Payable |
| 106 | DISCHARGE PROCEDURE CHARGES | Not Payable |
| 107 | DAILY CHART CHARGES | Not Payable |
| 108 | ENTRANCE PASS / VISITORS PASS CHARGES | Not Payable |
| 109 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE | To be claimed by patient under Post Hosp where admissible |
| 110 | FILE OPENING CHARGES | Not Payable |
| 111 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) | Not Payable |
| 112 | MEDICAL CERTIFICATE | Not Payable |
| 113 | MAINTAINANCE CHARGES | Not Payable |
| 114 | MEDICAL RECORDS | Not Payable |
| 115 | PREPARATION CHARGES | Not Payable |
| 116 | PHOTOCOPIES CHARGES | Not Payable |
| 117 | PATIENT IDENTIFICATION BAND / NAME TAG | Not Payable |
| 118 | WASHING CHARGES | Not Payable |
| 119 | MEDICINE BOX | Not Payable |
| 120 | MORTUARY CHARGES | Not payable, unless specified in policy |
| 121 | MEDICO LEGAL CASE CHARGES (MLC CHARGES) | Not Payable |
| IV | EXTERNAL DURABLE DEVICES | |
| 122 | WALKING AIDS CHARGES | Not Payable |
| 123 | BIPAP MACHINE | Device Not Payable. Rental charges for use during hospital are payable |
| 124 | COMMODE | Not Payable |
| 125 | CPAP / CAPD EQUIPMENTS | Device Not Payable. Rental charges for use during hospital are payable |
| 126 | INFUSION PUMP – COST | Device Not Payable. Rental charges for use during hospital are payable |
| 127 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) | Not Payable |
| 128 | PULSEOXYMETER CHARGES | Device Not Payable. Rental charges for use during hospital are payable |

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| 129 | SPACER | Not Payable |
| 130 | SPIROMETRE | Payable |
| 131 | SPO2 PROBE | Not Payable |
| 132 | NEBULIZER KIT | Device Not Payable. Rental charges for use during hospital are payable |
| 133 | STEAM INHALER | Not Payable |
| 134 | ARMSLING | Payable for 1 (Qty) only for Fracture of upper arm cases |
| 135 | THERMOMETER | Not Payable |
| 136 | CERVICAL COLLAR | Not Payable |
| 137 | SPLINT | Not Payable |
| 138 | DIABETIC FOOT WEAR | Not Payable |
| 139 | KNEE BRACES ( LONG / SHORT / HINGED) | Not Payable |
| 140 | KNEE IMMOBILIZER / SHOULDER IMMOBILIZER | Not Payable |
| 141 | LUMBO SACRAL BELT | Payable for 1 (Qty) only for Fracture/Surgery Of Lumbar Spine. |
| 142 | NIMBUS BED OR WATER OR AIR BED CHARGES | Payable for any ICU patient requiring more than 3 days in ICU, All patients with Paraplegia/Quadriplegia for any reason is payable within Room Limit. |
| 143 | AMBULANCE COLLAR | Not Payable |
| 144 | AMBULANCE EQUIPMENT | Not Payable |
| 145 | MICROSHEILD | Not Payable |
| 146 | ABDOMINAL BINDER | Payable for 1 (Qty) only for Post Surgery Patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for intestinal Obstruction, Liver Transplant Etc. |
| **V** | **ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION** | |
| 147 | BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC | Payable under Hospital services |
| 148 | PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES | Not Payable |
| 149 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES | Patient Diet provided by hospital is payable |
| 150 | SUGAR FREE TABLETS | Payable - Sugar free variants of admissable medicines are not excluded |
| 151 | CREAMS POWDERS LOTIONS (Toileteries are not payable,only prescribed medical pharmaceuticals payable) | Payable when prescribed |
| 152 | DIGESTION GELS | Payable when prescribed |
| 153 | ECG ELECTRODES | Payable |

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| 154 | GLOVES | Sterilized Gloves payable / unsterilized gloves not payable |
| 155 | HIV KIT | Payable - payable Pre operative screening |
| 156 | LISTERINE / ANTISEPTIC MOUTHWASH | Payable when prescribed |
| 157 | LOZENGES | Payable when prescribed |
| 158 | MOUTH PAINT | Payable when prescribed |
| 159 | NEBULISATION KIT | Payable for IPD patients |
| 160 | NOVARAPID | Payable when prescribed |
| 161 | VOLINI GEL / ANALGESIC GEL | Payable when prescribed |
| 162 | ZYTEE GEL | Payable when prescribed |
| 163 | VACCINATION CHARGES | Not payable, unless specified in policy |
| **VI** | **PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE** | |
| 164 | AHD | Not Payable - Part of Hospital's internal Cost |
| 165 | ALCOHOL SWABES | Not Payable - Part of Hospital's internal Cost |
| 166 | SCRUB SOLUTION/STERILLIUM | Not Payable - Part of Hospital's internal Cost |
| **VII** | **OTHERS** | |
| 167 | VACCINE CHARGES FOR BABY | Not payable, unless specified in policy |
| 168 | TPA CHARGES | Not Payable |
| 169 | VISCO BELT CHARGES | Payable for surgical cases like thoracic and lumbar spine |
| 170 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] | Not Payable |
| 171 | EXAMINATION GLOVES | Not Payable |
| 172 | KIDNEY TRAY | Not Payable |
| 173 | MASK | Not Payable |
| 174 | OUNCE GLASS | Not Payable |
| 175 | OUTSTATION CONSULTANT'S/ SURGEON'S FEES | Not Payable |
| 176 | OXYGEN MASK | Not Payable |
| 177 | PAPER GLOVES | Not Payable |
| 178 | PELVIC TRACTION BELT | Payable for 1 (Qty) only for Of PIVD Requiring Traction. |
| 179 | REFERAL DOCTOR'S FEES | Not Payable |
| 180 | ACCU CHECK (Glucometery / Strips) | Not Payable |
| 181 | PAN CAN | Not Payable |
| 182 | SOFNET | Not Payable |
| 183 | TROLLY COVER | Not Payable |
| 184 | UROMETER, URINE JUG | Not Payable |
| 185 | AMBULANCE | Not payable, unless specified in policy |
| 186 | TEGADERM / VASOFIX SAFETY | Payable |
| 187 | URINE BAG | Payable |
| 188 | SOFTOVAC | Not Payable |

| | | |
|---|---|---|
| 189 | STOCKINGS | Payable in cases of Varicose Veins and DVT if the claim is payable as per the Policy |

## IV. Illustrations of Benefits

### i. Co-Payment

| | |
|---|---|
| **Scenario** | Insured Person, 40 yr old, having Sum Insured of ₹ 7.5 Lac and Co Payment of 10%, then 10% co Payment will apply on each and every claim. |
| **Sum Insured** | ₹ 7,50,000 |
| **Claim Payable Amount** | ₹ 3,00,000 |
| **Co Payment** | 10% i.e. 10% of ₹ 3,00,000 = ₹ 30,000 |
| **Amount Paid by Us** | ₹ 3,00,000 - ₹ 30,000 = ₹ 2,70,000 |

### ii. Franchise

| | | | |
|---|---|---|---|
| **Scenario** | Insured Person, 40 yr old, having Sum Insured of ₹ 1 Lac and Franchise of ₹ 20,000, then Franchise of ₹ 20,000 will apply on each and every claim. | | |
| **Sum Insured** | ₹ 1,00,000 | | |
| **Claim Payable Amount** | ₹ 10,000 | ₹ 20,000 | ₹ 30,000 |
| **Franchise** | ₹ 20,000 | ₹ 20,000 | ₹ 20,000 |
| **Amount Paid by Us** | NIL | NIL | ₹ 30,000 |
| **Reason** | Claim Amount is less than the Franchise Amount | Claim amount is equivalent to Franchise Amount | Claim amount is more than the Franchise amount |

### iii. Deductible

| | | |
|---|---|---|
| **Scenario** | Insured Person, 20 yr old, having Sum Insured of ₹ 5 Lac and deductible of ₹ 10,000 then deductible of ₹ 10,000 will apply on each and every claim. | |
| **Sum Insured** | ₹ 5,00,000 | |
| **Claim Payable Amount** | ₹ 3,00,000 (For Dengue) | ₹ 30,000 (For Accident) |
| **Deductible** | ₹ 10,000 | ₹ 10,000 |
| **Amount Paid by Us** | ₹ 3,00,000 - ₹ 10,000 = ₹ 2,90,000 | ₹ 30,000 - ₹ 10,000 = ₹ 29,000 |

### iv. Top Up

| | | |
|---|---|---|
| **Scenario 1** | **Description of Case** | Insured Person, 35 yr old, having a base Policy Sum Insured of ₹ 1 Lac and Top Up Sum Insured of ₹ 5 Lac. Let's understand how top up cover will work. |
| | **Base Sum Insured** | ₹ 1,00,000 |
| | **Top Up Sum Insured** | ₹ 5,00,000 |
| | **When Top Up Cover will work?** | Coverage will start once the insured person incurs a single claim or multiple claims that add up to more than the base sum insured amount (i.e the deductible amount for Top Up cover) |
| | **1st Claim** | ₹ 40,000 (Accident Case) |
| | **2nd Claim** | ₹ 60,000 (Jaundice Case) |
| | Sum Insured of Base Policy is exhausted (₹ 40,000 + ₹ 60,000 = ₹ 1,00,000) | |
| | **3rd Claim** | ₹ 80,000 (Knee Surgery) |
| | **Amount Paid by Us under Top Up Cover** | ₹ 80,000 (Since the base policy sum insured was exhausted, hence for 3rd claim, top up cover got triggered and claim is paid out as per terms and conditions. ) |

| | | | | |
|---|---|---|---|---|
| **Scenario 2** | **Description of Case** | Insured Person, 35 yr old, having a base Policy Sum Insured of ₹ 1 Lac with deductible of ₹ 10,000 and Top Up Sum Insured of ₹ 5 Lac. Let's understand how top up cover will work. | | |
| | **Base Sum Insured** | ₹ 1,00,000 with deductible of ₹ 10,000 on each and every claim | | |
| | **Top Up Sum Insured** | ₹ 5,00,000 | | |
| | **When Top Up Cover will work?** | Coverage will start once the insured person incurs a single claim or multiple claims that add up to more than the base sum insured amount (i.e the deductible amount for Top Up cover) | | |
| | **1st Claim (Malaria)** | **Claim Amount** | **Deductible** | **Payable Amount** |
| | | ₹ 60,000 | ₹ 10,000 | ₹ 50,000 |
| | **2nd Claim (Accident)** | **Claim Amount** | **Deductible** | **Payable Amount** |
| | | ₹ 80,000 | ₹ 10,000 | ₹ 70,000* |
| | * Amount Paid under Base Policy is ₹ 50,000<br>Amount Paid under Top Up Policy is ₹ 20,000 | | | |

## V. Benefit Chart

| CORE COVER | | | Description | Sum Insured Limits |
|---|---|---|---|---|
| 1) | In-Patient Hospitalisation | | Coverage for the medical expenses incurred for room rent, ICU, OT charges, Medical Practitioner Fees, Nursing charges, investigation charges, Medicines and cost of prosthetics implanted internally. | Covered upto SI<br><br>Min SI – ₹ 50,000<br>Max SI – ₹ 1 Crore<br><br>(Sublimit on OPD Treatment coverage for Vaccination (post bite treatment) is limited to ₹ 5000) |
| | a) | Pre-Hospitalisation | Coverage for medical expenses incurred during 30 days before the hospitalisation for same illness/injury | |
| | b) | Post Hospitalisation | Coverage for medical expenses incurred during 60 days after the hospitalisation for same illness/injury | |
| | c) | Day Care Treatment | Coverage for medical expenses incurred for a day care procedure requiring less than 24 hrs hospitalisation | |
| | d) | Domiciliary Hospitalisation | Coverage for medical expenses incurred for treatment taken at home on the advice of the attending Medical Practitioner | |
| | e) | Organ Donor | Coverage for Surgical Expenses incurred for donor in case of major organ transplant for harvesting the organ | |
| | f) | Vaccination (Post Bite treatment) | Coverage for medical expenses incurred for vaccination in case of post bite treatment<br>In patient Vaccination-Covered up to the S.I<br>Out Patient Vaccination-Covered up to ₹ 5K | |
| 2) | Family Transportation Benefit | | Coverage up to ₹ 50K per Policy period if Insured Person is admitted in a Hospital which is not in the city as reflected in the address in the Policy and no adult member of his immediate family is present in the hospital at his bedside for the duration of stay in the hospital. | Min SI – ₹ 1000<br>Max SI – ₹ 50,000 |
| 3) | Emergency Ambulance/ Repatriation of mortal remains (RMR)/ Funeral Expenses | | Coverage up to ₹ 50K per hospitalisation for expenses incurred towards transportation of an insured person from place of | Min SI – ₹ 1000 per hospitalisation |

| | | | |
|---|---|---|---|
| | | incident to the hospital/ transportation of mortal remains, cremation expenses and coffin charges. | Max SI – ₹ 50,000 per hospitalisation |
| **OPTIONAL COVER** | | **Description** | **Sum Insured Limits** |
| 1) | Room , Boarding & Nursing Expense | Normal Room-Covered up to 5% of Sum Insured | Min – 0.5% of Principal SI<br>Max – 5% of Principal SI |
| | | ICU-Covered up to 10% of Sum Insured | Min – 1% of Principal SI<br>Max – 10% of Principal SI |
| 2) | Pre Hospitalisation (Extension / Deletion) | Deletion-Coverage can be deleted | Min / Max - NA |
| | | Extension-Coverage can be extended up to 60 / 90 days | Min – 60 Days<br>Max – 90 days |
| 3) | Post Hospitalisation (Extension / Deletion) | Deletion-Coverage can be deleted | Min / Max - NA |
| | | Extension-Coverage can be extended up to 90/120/150/180 days | Min – 90 Days<br>Max – 180 days |
| 4) | Domiciliary Treatment (Deletion / Sum Insured Restriction) | Deletion-Coverage can be deleted | Min / Max - NA |
| | | SI Restriction -Coverage can be limited up to 100% of Sum Insured | Min – 1% of Principal SI<br>Max – 99% of Principal SI |
| 5) | Deletion of Organ Donor | Coverage can be deleted | Min / Max - NA |
| 6) | Deletion of Family Transportation | Coverage can be deleted | Min / Max - NA |
| 7) | Deletion of Emergency Ambulance/RMR/ Funeral Expenses | Coverage can be deleted | Min / Max - NA |
| 8) | Waiting Period for Pre-Existing Conditions (Reduction / Deletion / Sum Insured Restrictions/ Co-Pay) | Reduction – 48 months waiting period reduced to 36/24/12 months.<br>Min – 12 months / Max – 36 months | |
| | | Deletion - 48 months waiting period can be deleted<br>Min / Max - NA | |
| | | Sum Insured Restrictions –<br>Min - 1% of Principal Sum Insured<br>Max - 99% of Principal Sum Insured | |
| | | Co-Pay – upto 50% on each and every claim related to Pre Ex Conditions<br>Min - 1%<br>Max - 50% | |

| | | | |
|---|---|---|---|
| 9) | waiting period for Named Ailments (Deletion / Reduction / Co-Pay) | Deletion – waiting period for named ailments can be deleted<br>Min / Max - NA | |
| | | Reduction – This waiting period is for 2 years and can be reduced to 1 year.<br>Min – NA / Max – 1 Year | |
| | | Co Pay - upto 50% on each and every claim related to Named Ailments<br>Min - 1%<br>Max - 50% | |
| 10) | Waiting period for 30 days (Deletion / Co Pay) | Deletion - 30 days waiting period can be deleted<br>Min / Max - NA | |
| | | Co Pay - upto 50% on each and every claim within first 30 days from the policy inception.<br>Min - 1%<br>Max - 50% | |
| 11) | External Congenital Disorder (Deletion / Sum Insured Restriction) | Deletion - The External Congenital disorder exclusion can be deleted<br>Min / Max - NA | |
| | | Sum Insured Restriction –<br>Min - 1% of Principal Sum Insured<br>Max - 99% of Principal Sum Insured | |
| 12) | Medical Expenses / Illness / Surgeries / Procedures - Sub Limits | Coverage will be limited to the amount opted for the particular disease | Min – ₹10,000<br>Max – ₹2,50,000 |
| 13) | Franchise* | Options up to ₹ 1 Lac on each and every claim | Min – ₹500<br>Max – ₹1,00,000 |
| 14) | Co-Payment* | Options up to 50% on each and every claim | Min – 1%<br>Max – 50% |
| 15) | Deductible* | Options up to ₹ 20K on each and every claim | Min – ₹100<br>Max – ₹20,000 |
| 16) | Maternity Benefit (including pre/post-natal) with / without waiting period | Coverage for the medical expenses for maternity including pre & post-natal expenses | Min – ₹1000<br>Max – ₹1,00,000 |
| | | - Normal Delivery- Up to ₹ 1 Lac | |
| | | - Caesarean Delivery- Up to ₹ 2 Lac | Min – ₹2000<br>Max – ₹2,00,000 |
| | | - Waiting Period- With 9 months or 2 years | Min – 9 months<br>Max – 2 years |

| | | | |
|---|---|---|---|
| | | - Without waiting period | Min / Max - NA |
| 17) | New Born Cover from day 1 | Coverage for New Born Baby from the date of birth upto the Parent's sum insured as opted at the inception of the Policy. | Min – NA<br>Max – Sum Insured of Parent as opted at inception of the policy |
| 18) | Hospital Daily Cash | Fixed cash amount for each day in hospital | |
| | | Non-ICU- Up to ₹ 15K per day. Min - ₹ 100 per day / Max - ₹ 15,000 per day<br>ICU = Per day amount is 2XNon ICU per day amount. | |
| | | Deductible – upto 2 days<br>Min – NIL / Max – 2 days | |
| | | Maximum Days Limit (Policy Year)- Up to 30 days in a policy year<br>Min – 5 days / Max – 30 days | |
| | | Maximum days for each claim – up to 5 days<br>Min – 1 day / Max – 5 days | |
| 19) | Corporate Floater (including Critical Illness Floater) | Additional Sum Insured for the total group - Coverage Up to 100% of Sum Insured<br>Minimum - ₹ 50,000<br>Maximum - ₹ 2 Crore | |
| 20) | Critical Illness Benefit | Lump sum payment benefit, if the insured person is diagnosed as suffering from the covered Critical Illness for the first time.<br>Covered up to ₹ 20 Lac on individual basis. | Min – ₹10,000<br>Max – ₹20,00,000 |
| | | Waiting Period – 30 /60 / 90 Days | Min – 30 Days / Max – 90 days |
| | | Survival Period – NIL / 15/ 30 Days | Min – NIL / Max – 30 days |
| 21) | Out Patient Dental Benefit | Coverage up to ₹ 25K for medical expenses towards dental treatment | Min – ₹500<br>Max – ₹25,000 |
| | | Deductible upto ₹ 1000/- per claim | Min – NIL<br>Max – ₹1,000 |
| | | Sum Insured Basis – Individual/Family Floater | |
| 22) | Out Patient Treatment Costs | Coverage up to ₹ 1 Lac for medical treatment taken on OPD basis | Min – ₹1000<br>Max – ₹1,00,000 |
| | | Deductible upto ₹ 1000/- per claim | Min – NIL<br>Max – ₹1,000 |
| 23) | Health Check-Up Benefit | Coverage up to ₹ 25K<br>Can be given to Insured Persons who is 18 years or above | Min – ₹ 500<br>Max – ₹25,000 |

| | | | |
|---|---|---|---|
| 24) | External Aids & appliances | Coverage for 1% of the Sum Insured or ₹ 25K, whichever is lower, towards costs of external aids and appliances for the insured person on the advice of attending medical practitioner | Min – ₹ 500<br>Max – ₹25,000 |
| 25) | AYUSH benefit | Coverage up to ₹ 1 Crore for medical expenses incurred for in-patient treatment taken under AYUSH mode of treatment in a Government hospital or institute recognised by Government | Min – ₹ 50,000<br>Max – ₹1,00,00,000 |
| 26) | Recovery Benefit | Up to ₹ 20K lump sum payment benefit if hospitalisation is continuous for more than 10 days. Applicable once in a policy year. | Min – ₹ 500<br>Max – ₹20,000 |
| 27) | Counselling | Benefit towards counselling (Diet/Lifestyle) up to a maximum of ₹ 15000/- or at actuals, whichever is lower | Min – ₹ 500<br>Max – ₹15,000 |
| 28) | Home Nursing Allowance | Coverage for home nursing expenses up to ₹ 3500/- per day & for a maximum of 30 days | Min – ₹ 100 per day<br>Max – ₹3,500 per day |
| 29) | Second Opinion | Coverage of 1 Consultation on diagnosis of a covered Critical Illness from our panelled doctor | |
| 30) | Top Up Cover | Top Up cover over and above the Policy Sum Insured -<br>Up to ₹ 20 Lac | Min – ₹ 25,000<br>Max – ₹20,00,000 |

*Any one of the cost sharing option can be opted by the Policyholder.